U.S. Department of Health and Human Services
Health Resources and Services Administration

Bureau of Primary Health Care
Health Center Program

AFFORDABLE CARE ACT- HEALTH CENTER PLANNING GRANTS

Announcement Type: NEW COMPETITION
Announcement Number: HRSA-11-021

Catalog of Federal Domestic Assistance (CFDA) No. 93.527

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2011

Application Due Date in Grants.gov: March 18, 2011
Ensure your Grants.gov registration and passwords are current immediately!!

Supplemental Information Due Date in EHBs: April 8, 2011

Date of Release: *January 6, 2011*
Date of Issuance: *January 7, 2011*

Xanthia James
Public Health Analyst
Bureau of Primary Health Care
Office of Policy and Program Development
Telephone: (301) 594-4300
Fax: (301) 594-4997
BPHCPlanning@hrsa.gov

Technical Assistance Website: http://www.hrsa.gov/grants/apply/assistance/planning

Legislative Authority: Title III, Section 330 of the Public Health Service Act as amended (42 U.S.C. 254b), as amended by Section 10503 of The Patient Protection and Affordable Care Act (P.L. 111-148)

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EXECUTIVE SUMMARY

This funding opportunity announcement details the eligibility requirements, review criteria, and awarding factors for organizations seeking a Health Center Planning Grant (HCPG) in fiscal year (FY) 2011 to support the development of a comprehensive primary care health center.

The Health Resources and Services Administration (HRSA) administers the Health Center Program, authorized by section 330 of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254b). Health centers improve the health of the Nation's underserved communities and vulnerable populations by assuring access to comprehensive, culturally competent, quality primary health care services. HRSA anticipates that up to $10 million may be available to support approximately 125 HCPGs in FY 2011.

ELIGIBLE APPLICANTS (PLEASE REFER TO SECTION III FOR ADDITIONAL INFORMATION):

Organizations eligible to compete include public or nonprofit private entities, including tribal, faith-based and community-based organizations.

Organizations receiving funding under the Health Center Program are not eligible including health centers, State/regional primary care association, health center controlled networks, or national cooperative agreement grantees.

Former planning grant recipients may apply for planning grant funds in FY 2011, only if the proposed project is for a different service area.

All applicants requesting funding for an HCPG must use this guidance. This guidance should be reviewed thoroughly prior to making a decision to apply. Competitive planning applications will (i) present the need for health services in the community, (ii) include a description of the proposed planning project including a brief history of the organization, (iii) present a sound proposal to plan and develop a section 330 health center, and (iv) demonstrate that the funding requested is appropriate and reasonable given the scope of the planning project.

APPLICATION SUBMISSION:

For FY 2011, HRSA will use a two-phase submission process for HCPG applications via Grants.gov and the HRSA's EHBs. Please see the chart on page V for a detailed description of Phase 1 and Phase 2. **Phase 1 – Grants.gov:** must be completed and successfully submitted by 8:00 PM ET on March 18, 2011. **Phase 2 – HRSA's EHBs:** must be completed and successfully submitted by 5:00 PM ET on April 8, 2011.

APPLICATION CONTACT:

If you have questions regarding the FY 2011 Health Center Planning Grant application and/or the review process described in this application guidance, please call Xanthia James in the Bureau of Primary Health Care's (BPHC) Office of Policy and Program Development at 301-594-4300 or email at BPHCPlanning@HRSA.gov.

The BPHC will announce a pre-applicant teleconference call shortly after the funding opportunity announcement release date. Please visit http://www.hrsa.gov/grants/apply/assistance/planning for the call date and additional resources.

I. Funding Opportunity Description

1. PURPOSE

For fiscal year (FY) 2011, the Health Resources and Services Administration (HRSA) will accept Health Center Planning Grant (HCPG) applications from public or private nonprofit organizations seeking a grant to plan for the development of a comprehensive primary care health center under the Health Center Program, authorized under section 330 of the Public Health Service (PHS) Act (42 U.S.C. 254b), as amended. HRSA anticipates that up to $10 million may be available to support approximately 125 HCPGs in FY 2011.

HRSA is offering HCPGs to expand the current safety net on a national basis by targeting health center planning and developmental efforts in areas not currently served by a section 330 funded health center and/or in areas of unmet need. HCPG applicants must demonstrate the need for health services, present a sound proposal to plan for and develop a comprehensive health center as set forth under section 330 of the PHS Act, and demonstrate that the funding requested is appropriate and reasonable given the scope of the planning project.

All applicants requesting funding for a HCPG must use this funding opportunity. It should be reviewed thoroughly prior to making a decision to apply.

EXPECTED RESULTS

The Health Center Planning Grant funding opportunity is intended to support organizations in the future development of a section 330 health center. All applicants are expected to complete planning activities that are essential to establishing a section 330 funded health center by the end of the project period. This funding opportunity is not intended to support the further development of an organization that is currently meeting all section 330 health center requirements. Activities supported under the HCPGs will assist organizations in the development of a section 330 health center to serve an underserved population and/or community. All competitive HCPG applicants are expected to:

- **Demonstrate the need for primary and preventive health care services** in the proposed service area and how the HCPG supported project(s) will support the development of a comprehensive section 330 health center.

- **Present a sound and complete work plan** (please see Appendix B) consistent with the requirements of section 330(c)(1) of the PHS Act for a one year project period, as well as any necessary future steps to develop an operational health center. The proposed planning project must address each of the factors listed below and clearly describe the organization's plan for implementation and/or the current status of each HCPG activity, including those activities that have been completed prior to the submission of the HCPG proposal:
    - Conducting a comprehensive needs assessment;
    - Designing an appropriate health care service delivery model based on a comprehensive needs assessment;
    - Efforts to secure financial, professional, and technical assistance;

- Increasing community involvement in the development and/or operation of a comprehensive health center (i.e., governing board development); and
- Developing linkages/building partnerships with other providers in the community including any federally qualified health centers (FQHCs), health departments, local hospitals, and rural health clinics.

- **Present a sound and complete application** that thoroughly responds to review criteria presented in Section V of this guidance (refer to Review Criteria).

- **Demonstrate collaboration** with other safety net health care providers in the service area (e.g., health departments, local hospitals, rural health clinics, and other providers in the community, including section 330 funded health centers and FQHC Look-Alikes) in the development of the HCPG.

Throughout the application development and preparation process, HCPG applicants are highly encouraged to collaborate with the appropriate Primary Care Association (PCA), State Health Departments through the Primary Care Office (PCO) and/or National Cooperative Agreements (NCAs). A list of these organizations is available online at http://bphc.hrsa.gov/technicalassistance/.

Please note that successful HCPG applicants will not be given any preference or priority when applying under future Health Center Program funding opportunities.

2. BACKGROUND

Health centers improve the health of the Nation's underserved communities and vulnerable populations by assuring access to comprehensive, culturally competent, quality primary health care services. The Health Center Program targets the nation's neediest populations and geographic areas and currently funds over 1,100 health center grantees that operate nearly 8,000 service delivery sites in every state, the District of Columbia, Puerto Rico, the Virgin Islands, and the Pacific Basin. In 2009, nearly 19 million medically underserved patients received comprehensive, culturally competent, quality primary health care services through the Health Center Program, including:

a. **Community Health Centers** (CHC) (section 330(e)) provide services to the general underserved community within the service area.
b. **Migrant Health Centers** (MHC) (section 330(g)) provide services to migratory and seasonal agricultural workers and their families within the service area.
c. **Health Care for the Homeless** (HCH) (section 330(h)) provides services to homeless individuals and families within the service area.
d. **Public Housing Primary Care** (PHPC) (section 330(i)) provides services to residents of one or more public housing developments and the surrounding areas as appropriate within the service area.

II. Award Information

1. TYPE OF AWARD

Funding will be provided in the form of a grant.

2. SUMMARY OF FUNDING

This program will provide funding for Federal fiscal year 2011. Approximately $10 million is expected to be available to fund approximately 125 grantees. For FY 2011, HRSA has established a one-year project period and an **annual cap of $80,000** in section 330 grant support for HCPGs. The cap is the **maximum amount of one-time section 330 funding** that can be requested for a HCPG application in FY 2011. HCPG applications that present a request for Federal HCPG support in excess of the established cap of $80,000 are considered nonresponsive and will not be considered under this funding announcement.

It is expected that the request for Federal support and the budget presented in the application will be reasonable and appropriate based on the proposed project. The budget should also be consistent with the Project Work Plan Form presented in the application. Federal funding levels will be reviewed prior to a final funding decision and may be adjusted based on an analysis of the budget and allowable cost factors. See Section IV (refer to Budget section) and Appendix B (refer to Budget Presentation) of this application guidance for further information and instruction on the development of the application budget.

III. Eligibility Information

1. ELIGIBLE APPLICANTS

An application submitted under announcement number HRSA-11-021: Health Center Planning Grants will be considered eligible if it meets all of the eligibility requirements listed below. **Applications that do not meet these eligibility requirements will not be considered for funding under this announcement.**

A. Applicant is a public or nonprofit private entity, including tribal, faith-based and community-based organizations.

B. Applicant is **not** a current recipient of funding authorized under section 330(c), (e), (g), (h), (i) and/or (l) of the Public Health Service Act.

C. Applicant has not previously received a HRSA HCPG for the proposed service area.

D. Application proposes planning activities, consistent with the requirements of section 330(c)(1) of the PHS Act:
   - Conducting a comprehensive needs assessment;
   - Designing an appropriate health care service delivery model based on a comprehensive needs assessment;
   - Securing financial, professional, and technical assistance;

- Increasing community involvement in the development and/or operation of a comprehensive health center (i.e., governing board development); and
- Developing linkages/building partnerships with other providers in the community including any federally qualified health centers, health departments, local hospitals, and rural health clinics.

E. Applicant proposes to utilize HCPG funding for the development of a section 330 health center in a single service area (i.e., may not propose planning activities in multiple service areas).

2. COST SHARING

Cost sharing or matching is not a requirement for this funding opportunity. Under 42 CFR 51c.203, HRSA will take into consideration whether and to what extent an applicant plans to secure and maximize Federal, State, local, and private resources to support the proposed project. Please see the budget and budget justification sections of this document (see Budget and Appendix B) for clarification and guidelines pertaining to the presentation of the budget.

3. OTHER

Applications that exceed the **$80,000** ceiling amount will be considered non-responsive and will not be considered for funding under this announcement. Applicant organizations deemed non-responsive will receive written notification from HRSA.

Applicant must adhere to the 80-page limit on the length of the application when printed by HRSA to be considered responsive. Applicant organizations deemed non-responsive will receive written notification from HRSA.

Applicants may submit only one application for consideration under HRSA-11-021 in FY 2011. If more than one application is submitted for consideration under HRSA-11-021, HRSA will only accept the last application received prior to the application deadline for review.

Any application that fails to satisfy the deadline requirements referenced in Section IV.3 will be considered non-responsive and will not be considered for funding under this announcement.

IV. Application and Submission Information

1. ADDRESS TO REQUEST APPLICATION PACKAGE

Application Materials and Required Electronic Submission Information
HRSA *requires* applicants for this funding opportunity to apply electronically through Grants.gov and the HRSA EHBs. All applicants *must* submit in this manner unless the applicant is granted a written exemption from this requirement in advance by the Director of HRSA's Division of Grants Policy. Applicants must request an exemption in writing from DGPWaivers@hrsa.gov, and provide details as to why they are technologically unable to submit electronically though the Grants.gov portal. Your email must include the HRSA announcement number for which you are seeking relief, the name, address, and telephone number of the

organization and the name and telephone number of the Project Director as well as the Grants.gov Tracking Number (GRANTXXXX) assigned to your submission along with a copy of the "Rejected with Errors" notification you received from Grants.gov. **HRSA and its Grants Application Center (GAC) will only accept paper applications from applicants that received prior written approval.** However, the application must still be submitted under the deadline.

Application Submission:

For FY 2011, HRSA will use a two-phase submission process for HCPG applications via Grants.gov and the HRSA's EHBs. Please see the chart on page V for a detailed description of Phase 1 and Phase 2.

> **Phase 1 – Grants.gov:** must be completed and successfully submitted by 8:00 PM ET on March 18, 2011.
>
> **Phase 2 – HRSA's EHBs:** must be completed and successfully submitted by 5:00 PM ET on April 8, 2011.

Please Note: Applicants can only begin Phase 2 in HRSA's EHBs after Phase 1 in Grants.gov has been successfully completed by the assigned due date, and HRSA has assigned the application a tracking number. Applicants will be notified by email when your application is ready within HRSA's EHBs for the completion of Phase 2. This email notification will be sent within 7 business days of the Phase 1 submission. Refer to http://www.hrsa.gov/grants/userguide.htm (HRSA Electronic Submission Guide) for more details.

To ensure adequate time to follow procedures and successfully submit the application, HRSA recommends that applicants register immediately in Grants.gov and HRSA's EHBs if not done so already. The registration process can take up to one month. For Grants.gov technical assistance, please refer to http://www.grants.gov or call the Grants.gov Contact Center 24 hours a day, 7 days a week (excluding Federal holidays) at 1-800-518-4726 for information on registering. **Applicants are strongly encouraged to register multiple authorizing organization representatives.**

Please note that all applicants must also be registered in HRSA's EHBs. For information on registering in HRSA's EHBs, please refer to http://www.hrsa.gov/grants/userguide.htm or call the HRSA Call Center at 1-877-464-4772. If this registration process is not complete, you will be unable to submit an application. **HRSA recommends that applications be submitted in Grants.gov as soon as possible to ensure that maximum time is available for providing the supplemental information in HRSA EHBs.**

TWO-TIERED APPLICATION SUBMISSION PROCESS
Summary of Health Center Planning Grant Submission Process

Phase	Due Date	Helpful Hints

Phase 1 (Grants.gov):
 	
 Complete and successfully submit the following by the Grants.gov deadline (all forms are available in the Grants.gov application package)**:**
 	
 • SF 424 Face Page;
 • Project Summary/Abstract (uploaded on line 15 of the SF 424 Face Page);
 • Additional Congressional District (if applicable)
 • Project/Performance Site Location Form; and
 • PHS-5161 HHS checklist
	Due Date: March 18, 2011. Submit by 8:00 P.M. ET on the due date.	- **Complete Phase 1 as soon as possible. Phase 2 (HRSA's EHBs) may not begin until the successful completion of Phase 1.**
		 - Please refer to http://www.hrsa.gov/grants/userguide.htm for detailed application and submission instructions.
		 - Registration in Grants.gov is required. As registration may take up to one month, please start the process as soon as possible.
		 - The Central Contractor Registry (CCR) registration is an annual process. Verify your organization's CCR registration prior to Grants.gov submission well in advance of the application deadline.
		 - The Grants.gov registration process involves five basic steps:
		   1. Obtain a DUNS Number
		   2. Register with CCR
		   3. Establish a Grants.gov Username & Password
		   4. Register yourself as an Authorized Organization Representative (AOR) and Get authorized as an AOR by your organization.
		   5. Track your AOR Status to ensure you are authorized.
		
		 Please visit Grants.gov website at http://www.grants.gov/applicants/get_registered.jsp or call the Grant.gov Contact Center at 1-800-518-4726 between 24 hours a day, 7 days a week (excluding Federal holidays) for additional technical assistance on the registration process.

TWO-TIERED APPLICATION SUBMISSION PROCESS
Summary of Health Center Planning Grant Submission Process

Phase	Due Date	Helpful Hints
Phase 2 (HRSA EHBs): **Complete and successfully submit the following by the HRSA EHB deadline.** Instructions for all referenced EHB application forms are available in the Content and Form of Application Submission of this guidance. • SF 424A - Budget Information (Non-Construction Programs); • Program Narrative; • Budget Justification; • SF-424B Assurances – Non-Construction Programs; • SF-424 LLL Disclosure of Lobbying Activities (as applicable); • Program Specific Forms—(Please note: All forms are structured and will be filled out electronically online). For more information and technical assistance with the new electronic version of these forms please visit: http://www.hrsa.gov/grants/apply/assistance/planning • All required Attachments.	Due Date: April 8, 2011. Submit by 5:00 P.M. ET on the due date.	- **Phase 1 (Grants.gov) must be successfully completed prior to starting phase 2.** - Registration in HRSA's EHB is required. - Applicants will be able to access the EHB (Phase 2) within 7 business days of completing Grants.gov (Phase 1) and receipt of the Grants.gov tracking number. - The Authorizing Official (AO) must complete submission of the application in Phase 2. Please refer to http://www.hrsa.gov/grants/userguide.htm for information on registering in EHBs or call the HRSA Call Center at 1-877-464-4772.

The "electronic signature" in Grants.gov is the official signature when applying for a grant or cooperative agreement and is considered "binding." Selection of the responsible person should be consistent with responsibilities authorized by the organization's bylaws. **Authorized representatives who submit the SF-424 face page electronically are reminded that HRSA requires that a copy of the governing body's authorization permitting them to submit the application as an official representative must be on file in the applicant's office.**

Refer to HRSA's *Electronic Submission User Guide,* available online at http://www.hrsa.gov/grants/userguide.htm, for detailed application and submission instructions. Pay particular attention to Sections 2 and 5 that provide detailed information on the competitive application and submission process.

Applicants must submit proposals according to the instructions in the Guide and in this funding announcement in conjunction with Application Form SF-424. The forms contain additional general information and instructions for grant applications, proposal narratives and budgets. The forms and instructions may be obtained from the following site by:

(1) Downloading from http://www.grants.gov, or
(2) Contacting the HRSA Grants Application Center at:
> 910 Clopper Road
> Suite 155 South
> Gaithersburg, MD 20878
> Telephone: 877-477-2123
> HRSAGAC@hrsa.gov

Specific instructions for preparing portions of the application that must accompany Application Form SF-424 appear in the "Application Format" section below.

2. CONTENT AND FORM OF APPLICATION SUBMISSION

Application Format Requirements
The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA or a total file size of 10 MB. The 80-page limit includes the abstract, program and budget narratives, and attachments and letters of commitment and support. Standard forms are NOT included in the page limit.

Applications that exceed the specified limits (approximately 10 MB or 80 pages when printed by HRSA) will be deemed non-compliant. Non-compliant applications will not be considered under this funding announcement.

Application Format
Applications for funding must consist of the following documents in the following order:

Phase 1: Submission through Grants.Gov

➢ It is mandatory to follow the instructions provided in this section to ensure that your application can be printed efficiently and consistently for review.

➢ Failure to follow these instructions may make your application non-responsive. Non-responsive applications will not receive further consideration in the application review process and those particular applicants will be notified.

➢ For electronic submissions, applicants only have to number the electronic attachment pages sequentially, resetting the numbering for each attachment, i.e., start at page 1 for each attachment. Do not attempt to number standard OMB approved form pages.

➢ For electronic submissions, no Table of Contents is required for the entire application. HRSA will construct an electronic table of contents in the order specified.

➢ When providing any electronic attachment with several pages, add a table of content page specific to the attachment. Such page will not be counted towards the page limit.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
Grant.gov Submission (http://www.grants.gov/)			
Application for Federal Assistance (SF-424)	Form	Complete pages 1, 2 & 3 of the SF 424 face page. See detailed instructions in the Application Format section of this guidance.	Not counted in the page limit
Project Summary/Abstract (SF-424)	Attachment	Type the title of the funding opportunity and upload the project abstract on page 2 of SF 424 - Box 15	Required attachment. Counted in the page limit. Refer to the funding opportunity announcement for detailed instructions.
Additional Congressional District (SF-424)	Attachment	Can be uploaded on page 3 of SF-424 - Box 16	As applicable to HRSA; not counted in the page limit
Project/Performance Site Location(s)	Form	Supports primary and 29 additional sites in structured form.	Not counted in the page limit.
Additional Performance Site Location(s)	Attachment	Can be uploaded in the SF-424 Performance Site Location(s) form. Single document with all additional site location(s)	Not counted in the page limit.
Application Checklist Form HHS-5161-1	Form	Pages 1 & 2 of the HHS checklist.	Not counted in the page limit

After successful submission of the above forms in Grants.gov, and subsequent processing by HRSA, you will be notified within approximately 7 business days by HRSA confirming the successful receipt of your application and requiring the Project Director and Authorizing Official to review and submit additional information in HRSA EHBs. Your application will not be considered submitted unless you review the information submitted through Grants.gov and submit the additional portions of the application required through HRSA EHBs. Refer to the HRSA Electronic Submission Guide provided at www.hrsa.gov/grants/userguide.htm for the complete process and instructions.

Phase 2: Submission through HRSA's Electronic Handbooks (EHBs)

- It is mandatory to follow the instructions provided in this section to ensure that your application can be printed efficiently and consistently for review.
- Failure to follow the instructions may make your application non-responsive. Non-responsive applications will not receive further consideration in the application review process and those particular applicants will be notified.
- For electronic submissions, applicants only have to number the electronic attachment pages sequentially, resetting the numbering for each attachment (i.e., start at page 1 for each attachment). Do not attempt to number standard OMB approved form pages.
- For electronic submissions, no table of contents is required for the entire application. HRSA will construct an electronic table of contents in the order specified.
- When providing any electronic attachment with several pages, add a table of contents page specific to the attachment. Such page will not be counted towards the page limit.
- Merge similar documents into a single document. Where several pages are expected in the attachment, ensure that you place a table of content cover page specific to the attachment. Table of content page will not be counted in the page limit.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
HRSA EHB Submission (https://grants.hrsa.gov/webexternal/home.asp)			
Program Narrative	Document	Upload the Program Narrative. See instructions for the Narrative in Section V of this document.	Counted in the page limit.
SF-424A Budget Information for Non-Construction Programs	Form	Complete Sections A, B, E and F (if applicable) electronically online. See Appendix B for further information on completing the SF-424A Budget.	Not counted in the page limit
Budget Justification and Narrative	Document	Upload the Budget Justification and Budget Narrative in the "Budget Narrative Attachment Form." See Appendix B for further information on developing the Budget Justification.	Counted in the page limit
SF-424B Assurances - Non-Construction Programs	Form	Complete all portions of the form electronically online.	Not counted in the page limit
Disclosure of Lobbying Activities (SF-424 LLL)	Form	Complete this form electronically online.	Not counted in the page limit
Program Specific Forms *Please refer to the table below of Program Specific Forms*	Forms	Refer to Appendix A for further instructions on Program Specific Forms. Complete all forms electronically online as presented within HRSA EHBs.	Not counted in the page limit
Attachments 1-11	Documents	See the Attachment Table below for specific sequence and instructions. Attachments must be uploaded.	Counted in the page limit (excluding Attachment 7)

Step 2 (continued): Submission through HRSA's Electronic Handbooks (EHBs)

Program Specific Forms

🖎 The following Program Specific Forms must be completed in HRSA EHBs. Note that the Program Specific Forms DO NOT count against the page limit.

Program Specific Form	Form Type	HRSA/Program Guidelines
HRSA EHB Submission (https://grants.hrsa.gov/webexternal/home.asp)		
Form 1A: General Information Worksheet	Form	Complete all portions of the form electronically online as presented.
Form 4: Community Characteristics	Form	Complete all portions of the form electronically online as presented.
Form 12: Organization Contacts	Form	Complete all portions of the form electronically online as presented.
Project Work Plan	Form	Complete all portions of the form electronically online as presented.

Step 2 (continued): Submission through HRSA's Electronic Handbooks (EHBs)

Attachments

➤ To ensure that attachments are organized and printed in a consistent manner, follow the order provided below. Note that these instructions may vary across programs.

➤ Additional supporting documents, if applicable, can be provided in Attachment 11. Do not use the rows assigned to a specific purpose in the program guidance.

➤ Merge similar documents a single document. Where several pages are expected in the attachment, ensure that you place a table of content cover page specific to the attachment. Table of content page will not be counted in the page limit

Attachments	Form Type	Instruction	HRSA/ Program Guidelines
HRSA EHB Submission (https://grants.hrsa.gov/webexternal/home.asp)			
Attachment 1: Applicant Organizational Chart (Required)	Document	Upload a one-page figure that depicts the applicant's organizational structure including the governing board, key personnel, staffing, subcontractors, consultants, and any other significant collaborating organizations.	Counted in the page limit

Attachments	Form Type	Instruction	HRSA/ Program Guidelines
Attachment 2: Service Area Map (Required)	Document	Upload a map of the service area for the proposed project; including any Medically Underserved Areas (MUAs) and/or Medically Underserved Populations (MUPs), other federally qualified health centers (FQHC), FQHC Look-Alikes, health departments, local hospitals, rural health clinics, and other health care providers serving the same population(s). For inquiries regarding MUAs or MUPs, call 1-888-275-4772. Press option 1, then option 2 or contact the Shortage Designation Branch via email sdb@hrsa.gov or 301-594-0816.	Counted in the page limit
Attachment 3: Staffing Plan and Personnel Requirements (Required)	Document	Upload a brief narrative and/or table that identifies the total personnel and number of FTEs to staff the planning project, including the number to be supported by the planning grant funds.	Counted in the page limit
Attachment 4: Position Descriptions for Key Personnel (Required)	Document	Upload position descriptions for all key management staff of the planning grant project. Applicants should indicate on the position descriptions if key management positions are combined and/or part time (e.g., CFO and COO roles are shared). Each position description should be limited to **one page** or less and must include at a minimum, the position title, description of duties and responsibilities, position qualifications, supervisory relationships, skills, knowledge and experience requirements, travel requirements, salary range, and work hours.	Counted in the page limit
Attachment 5: Biographical Sketches for Key Personnel (Required)	Document	Upload biographical sketches for all key management staff of the planning grant project. Biographical sketches should not to exceed **two** pages in length for each position. In the event that the identified individual is not yet hired, please include a letter of commitment from that person along with the biographical sketch. If all key personnel will be hired upon award, please be sure to address that in the program narrative and project work plan.	Counted in the page limit
Attachment 6: Summary of Contracts and Agreements (as applicable)	Document	As applicable, upload a brief summary describing any current or proposed significant contracts and/or agreements (i.e., contract, sub-award and/or Memorandum of Understanding (MOU)/Agreement (MOA) for a substantial portion of the proposed project). Applicants DO NOT need to discuss contracts for such areas as janitorial services. It is suggested that each summary not exceed 3 pages in total. The summary should address the following items for each agreement: • Name and contact information for affiliated agency(ies); • Type of agreement (e.g., contract, sub-recipient arrangement, affiliation agreement); • Brief description of the purpose and scope of the agreement (i.e., type of services provided, how/where these are provided); and • Timeframe for the agreement/contract/affiliation. *As a reminder, applicants must exercises appropriate oversight and authority over all contracted services, and procurement contracts must comply with 45 CFR Part 74.*	Counted in the page limit

Attachments	Form Type	Instruction	HRSA/ Program Guidelines
Attachment 7: Most recent independent financial audit (Required)	Document	Upload the most recent audit. Audit information will be considered complete when it includes all balance sheets, profit and loss statements, audit findings, management letters and any noted exceptions. • Organizations that have been operational less than one year and do not have an audit may submit monthly financial statements for the most recent six-month period if available. • Organizations must submit their audit findings (i.e. management letter from their audit) or provide a signed statement that no letter was issued with the audit. • Organizations with no audit/financial information available should provide a detailed explanation of the situation including supporting documentation, as relevant (e.g., organization has been formed for the purposes of this grant application).	Not counted in the page limit
Attachment 8: Articles of Incorporation – Signed Seal Page (Required)	Document	Upload the official signatory page (seal page) of the organization's Articles of Incorporation. Organizations that do not have signed Articles of Incorporation, must submit proof that an application has been submitted to the State for review.	Counted in the page limit
Attachment 9: Evidence of Non-Profit or Public Agency Status (Required)	Document	**Private Non-Profit:** Consistent with the instructions provided in Part D of the HHS Checklist Form PHS-5161, a private, nonprofit organization must include evidence of its nonprofit status with the application. **Public Agency:** Public Agency applicants must provide documentation demonstrating the organization will qualify as a "public agency." for purposes of section 330 of the PHS Act, as amended. Please see Attachment 9: Evidence of Non-Profit or Public Agency Status instructions for acceptable evidence/documentation.	Counted in the page limit
Attachment 10: Letters of Support (Required)	Document	Upload any *dated* letters of support as appropriate to demonstrate support of and commitment to the proposed HCPG. **In particular, the applicant must secure a letter of support from any existing FQHC (section 330 grantee and/or FQHC Look-Alike), health department, local hospital and rural health clinic in the service area, or provide an explanation for why such a letter(s) cannot be obtained.** Support from local community stakeholders, patients, and collaborating organizations is as important as letters of support from elected officials. As necessary, applicants should also include a one-page list of all additional support letters that are not included in the application, but are available onsite. Merge various letters into a single document and upload it here.	Counted in the page limit

Attachments	Form Type	Instruction	HRSA/ Program Guidelines
Attachment 11: Other Relevant Documents (as applicable)	Document	If available, upload the tool(s) utilized for the comprehensive Needs Assessment. If the Applicant organization has already completed a Needs Assessment that accurately depicts the current needs of the proposed service area, then a summary of the findings should be included here. Applicants may also include other relevant documents to support the proposed project plan such as charts, organizational brochures, floor plans, etc. *Merge all documents into a single document and upload it here.*	Counted in the page limit

Applicants are reminded that failure to include all required documents as part of the HCPG application may result in an application being considered as incomplete or non-responsive. All incomplete applications will be considered non-responsive and will not be reviewed.

Application Format

i. *Application Face Page (Grants.gov)*
Complete Application Form SF-424 provided with the application package. Prepare according to instructions provided in the form itself. For information pertaining to the Catalog of Federal Domestic Assistance, the CFDA Number is 93.527.

DUNS Number
All applicant organizations (and any subrecipients) are required to have a Data Universal Numbering System (DUNS) number in order to apply for a grant or cooperative agreement from the Federal Government. The DUNS number is a unique nine-character identification number provided by the commercial company, Dun and Bradstreet. There is no charge to obtain a DUNS number. Information about obtaining a DUNS number can be found at http://fedgov.dnb.com/webform/displayHomePage.do or call 1-866-705-5711. Please include the DUNS number in item 8c on the application face page. Applications *will not* be reviewed without a DUNS number. Note: A missing **or incorrect** DUNS number is the number one reason for applications being "Rejected for Errors" by Grants.gov.

Additionally, the applicant organization (and any subrecipient) is required to register annually with the Federal Government's Central Contractor Registry (CCR) in order to do electronic business with the Federal Government. It is extremely important to verify that your CCR registration is active. Information about registering with the CCR can be found at http://www.ccr.gov.

ii. *Table of Contents*
The application should be presented in the order of the Table of Contents provided earlier. Again, for electronic applications no table of contents is necessary as it will be generated by the system. (Note: the Table of Contents will not be counted in the page limit.)

iii. *Application Checklist (Grants.gov)*
Complete the HHS Application Checklist Form HHS 5161-1 using the instructions provided with the application package.

iv. *Budget (HRSA EHBs)*
Awards will be for a one-year budget period. The budget presentation should be for one year only. Complete Application Form SF-424A Budget Information – Non-Construction Programs provided with the application package. Please complete Sections A, B, and F, and provide a line item budget.

v. *Budget Justification (HRSA EHBs)*
Provide a budget narrative that explains the amounts requested for each line in the budget. The budget justification should specifically describe the amounts requested for each category (e.g., personnel costs, indirect costs, travel) to explain the costs entered in Application Form SF 424A. **The budget justification must clearly describe each cost element and explain how each cost contributes to meeting the project's objectives/goals.** Be very careful about showing how each item in the "other" category is justified. The budget justification MUST be concise. Do

NOT use the justification to expand the project narrative. **A sample line item budget is available in Appendix B as a broad outline.**

Please be aware that Excel or other spreadsheet format documents with multiple pages (Sheets) may not print out in their entirety.

Include the following categories in the Budget Justification.

Personnel Costs: Personnel costs should be explained by listing each staff member who will be supported from funds, name (if possible), position title, percentage of full-time equivalency, and annual salary.

Fringe Benefits: List the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plan, tuition reimbursement. The fringe benefits should be directly proportional to that portion of personnel costs that are allocated for the project.

Travel: List travel costs according to local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel and staff member/consumers completing the travel should be outlined. For long distance travel, include length of stay, destination, lodging expenses, and per diem rate per day, etc. The budget should also reflect the travel expenses associated with participating in meetings and other proposed trainings or workshops.

Equipment: List equipment costs and provide justification for the need of the equipment to carry out the program's goals. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of computers and furniture items that meet the definition of equipment (a unit cost of $5000 or more and a useful life of one or more years).

Supplies: List the items that the project will use. In this category, separate office supplies and educational purchases. Office supplies could include paper, pencils, and the like; and educational supplies may be pamphlets and educational videotapes. Remember, they must be listed separately.

Contractual: Applicants are responsible for ensuring that their organization and or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. Applicants must provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. Reminder: awardees must notify potential subrecipients that entities receiving subawards must provide the awardee with their DUNS number.

Other: Put all costs that do not fit into any other category into this category and provide an explanation of each cost in this category. In some cases, rent, utilities and insurance fall under this category if they are not included in an approved indirect cost rate.

Indirect Costs: Indirect costs are those costs incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. For institutions subject to OMB Circular A-21, the term "facilities and administration" is used to denote indirect costs. If an organization applying for an assistance award does not have an indirect cost rate, the applicant may wish to obtain one through HHS's Division of Cost Allocation (DCA). Visit DCA's website at: http://rates.psc.gov/ to learn more about rate agreements, the process for applying for them, and the regional offices which negotiate them.

vi. *Staffing Plan and Personnel Requirements (HRSA EHBs)*
Applicants must present a staffing plan as well as provide a justification for the plan that includes education, experience qualifications, and rationale for the amount of time being requested for each staff position.

The staffing plan must include a brief narrative and/or table in Attachment 3 which identifies the total personnel and number of FTEs to staff the planning project and number to be supported by the planning grant funds. The one-page organizational chart in Attachment 2 must depict the organization's governing board, key personnel, staffing, subcontractors, consultants, and any other significant collaborating organizations.

vii. *Assurances (HRSA EHBs)*
Use Application Form SF-424B-Assurance provided with the application package.

viii. *Certifications   (HRSA EHBs)*
Use the Certifications and Disclosure of Lobbying Activities Application Form provided with the application package.

ix. *Project Abstract (Grants.gov)*
Provide a summary of the application. Because the abstract is often distributed to provide information to the public and Congress, please prepare this so that it is clear, accurate, concise, and without reference to other parts of the application. It must include a brief description of the proposed grant project including the needs to be addressed, the proposed activities, and the population group(s) to be served.

The project abstract must be single-spaced and limited to one page in length. All information provided in the abstract should be consistent with data included in the application.

Please place the following at the top of the abstract:
      (a) Project Title
      (b) Applicant Name
      (c) Address
      (d) Contact Name, Credentials, and Title
      (e) Contact Phone Numbers (Voice, Fax)
      (f) E-Mail Address
      (g) Web Site Address, if applicable

The abstract narrative should include:
- A brief history of the organization;
- A brief description of the proposed service area, including the need for health services;
- A summary of the proposed plan for developing a health center; and
- A brief description of any other relevant information.

x. *Program Narrative (HRSA EHBs)*
This section provides a comprehensive description of the HCPG. This Program Narrative should be succinct, self-explanatory and well organized, providing reviewers with **a detailed picture of the proposed service area, health care needs/issues of the community/target population(s) in the proposed service area, and the organization's plan and proposed activities to prepare for the successful establishment of a health center.** The Program Narrative is expected to describe how the HCPG will be utilized over the one year project period to support planning and development activities for establishing a section 330 health center. Applicants are expected to demonstrate the *need* for HCPG funding to achieve the required planning activities proposed.

The Program Narrative should be consistent with the Program Specific Forms, including the new structured Project Work Plan Form (see Appendix A and Appendix C). Throughout the Program Narrative, reference may be made to exhibits and charts, as needed, in order to reflect information about multiple sites and/or geographic or demographic data. These exhibits and charts should be considered supplemental in nature and included as part of the required/optional attachments. The Attachments should not contain any required Program Narrative.

The following provides a framework for the Program Narrative. The Program Narrative should be organized using the following section headers. All applicants should ensure that all of the specific elements in the Program Narrative are completely addressed (See Section V of this document for the specific Review Criteria and point allocation). Where the applicant has completed activities and/or gathered requested information prior to submission of this application, the applicant should describe efforts to update, continue, or improve activities and/or information. The applicant should identify key staff, volunteers, or other persons with the expertise to assist in the development of the plans and activities proposed in the Program Narrative.

INTRODUCTION
The introduction is intended to be a **brief synopsis** of the community/target population(s), the applicant organization, and the scope of the proposed HCPG.

NEED
- Describe the health care environment of the proposed service area, barriers to health care, and any significant changes that have affected the community's overall health status and access to health care, such as: changes in insurance coverage, including Medicaid, Medicare, and CHIP; changes in State/local/private uncompensated care programs; major events including economic and demographic changes within the service area (e.g., hospital closing, factory closing, natural disaster, financial); and/or significant changes affecting the target population(s).

- Describe the actions to be taken/plan for gathering quantitative and qualitative data and other information necessary to fully describe the health care needs of the community/target population(s) related to the following indicators of need:

    1) The unique characteristics of the target population that affect access to primary health care, health care utilization and/or health status, including: cultural/ethnic factors such as language, attitudes, knowledge and/or beliefs; geographic/transportation barriers; unemployment or educational factors; and unique health care needs of the target population(s).

    2) Existing primary health care services (including mental health/substance abuse and oral health) currently available in the applicant's service area, including any gaps in services and/or provider shortages, and the role and location of any other providers who currently serve the target population.

    3) A thorough understanding of the specific health care needs and access issues of any special populations the applicant organization intends to target.

        - An applicant planning for a health center that will target migrant/seasonal farmworkers should understand crops and growing seasons, numbers of temporary workers in the intended service area during different periods of the year and any trends predicting increases or decreases in these numbers, and typical working hours and environmental health concerns of workers.

        - An applicant planning for a health center that will target people experiencing homelessness should understand the number of providers treating homeless individuals in the service area, the availability of homeless shelters and/or affordable housing, and any service area trends in homelessness.

        - An applicant planning for a health center that will target residents of public housing should understand the availability of public housing in the service area and any trends in the number of residents of public housing.

- Detail the plan for conducting a comprehensive needs assessment if one has not previously been conducted. If the applicant organization has previously completed a needs assessment that depicts the current needs of the entire proposed service area, summarize the findings and the needs assessment tool utilized.

- Document that the proposed service area includes a designated Medically Underserved Area (MUA) and/or Medically Underserved Population (MUP). If no designation exists, describe plans to obtain designation as a key activity of the Planning Grant project. (**Note:** Under the Health Center Program, MUA/P designation is not required for organizations funded to solely serve special populations (funding for MHC, HCH, and/or PHPC)).

Information provided on need should serve as the basis for, and align with, the proposed activities and goals described throughout the application.

RESPONSE

- Describe the plan and activities to develop a comprehensive health center that will serve the needs of the proposed service area and target population, including:

  o Proposed service delivery model(s) and sites (e.g., stand-alone site, school setting, mobile clinic, referrals, via contract), including locations, hours, and after-hours care.

  o Key primary health care services to be offered that are appropriate for the community and target population(s), and without regard for ability to pay, consistent with those section 330-required and additional services as described in section 330(b)(1) and (2) of the PHS Act. This plan should consider cultural and linguistic appropriateness (e.g. availability of interpretive services, training opportunities, and bicultural/multicultural staff).

  o Any necessary admitting privileges, access to continuum of care, and referral relationships.

  o Enabling services that the proposed health center will make available.

  o Clinical and management team staffing plan that is appropriate given a proposed number of patients and the characteristics and needs of the community and target population(s).

  o Schedule of charges consistent with locally prevailing rates or charges and a sliding fee scale with patient discounts adjusted on the basis of the patient's ability to pay.

  o Quality improvement/quality assurance (QI/QA) and risk management that includes clinical services and management, maintains patient record confidentiality, and involves periodic assessment and analysis by clinical staff.

  o Administrative, fiscal, and clinical policies and procedures to be approved by an independent governing board.

- Describe how the applicant organization will utilize the HCPG period to secure financial and professional assistance to support a sustainable, section 330 health center, including identifying and securing other Federal/State/local/in-kind financial support; developing a management team (e.g., Chief Executive Officer, Chief Clinical Officer, Chief Financial Officer); and securing contracts/consultants to assist in the development of the health center.

COLLABORATION

- Discuss any existing health care providers (e.g., health departments, local hospitals, rural health clinics, federally qualified health centers (FQHCs), and FQHC Look-Alikes) in the targeted area including their capacity and services provided. A map of the service area at a census tract or zip code level must be included in Attachment 2. The map must note the

following: any MUAs or MUPs and other health care providers. Where the applicant does not yet possess the requested information, describe the plan to secure this information.

- Discuss efforts to establish linkages with other providers (e.g., health departments, local hospitals, rural health clinics, and other providers including federally qualified health centers and FQHC Look-Alikes) and potential stakeholders (e.g., universities, schools, businesses, WIC programs, homeless shelters) to enhance collaboration and coordination and prevent duplication of services within the community. Include *dated* letters of support from these providers/stakeholders in the service area as appropriate to demonstrate support of and commitment to the proposed planning project or an explanation for why such a letter(s) cannot be obtained.

- Discuss plans and activities to collaborate and coordinate with other health care providers in the design of a health center. Plans/activities may include but not be limited to the following:

  o Documented partnership, commitment, and/or investment from other health care providers (including any FQHC, health department, local hospital and rural health clinic) in the proposed service area in support of the HCPG grantee's establishment of a health center. If no documented partnerships exist, applicant describes a plan to establish the partnership(s). Applicants are also encouraged to demonstrate, as applicable, proposed efforts to coordinate health center activities with Federal neighborhood revitalization initiatives supports through the Department of Housing and Urban Development's Choice Neighborhoods and/or the Department of Education's Promise Neighborhoods.

- To the extent which the applicant plans to target special populations, describe the plan to reach formal arrangements with organizations that provide services or support to the proposed special population (e.g., Migrant Head Start, Public Housing Authority, homeless shelters).

- Discuss efforts to work with other local and State partners, such as the State Primary Care Associations (PCAs) and State Health Departments through the Primary Care Offices (PCOs).

EVALUATIVE MEASURES/IMPACT
- Discuss how the comprehensive needs assessment will form the basis for strategic planning and future program decision-making in the development of a comprehensive section 330 funded health center.

- Detail how the needs assessment will be used to evaluate organizational capability and the effectiveness of available resources and/or services in providing care to the target community(ies)/population(s).

- Describe the process that will be used to evaluate the results of action steps detailed in the Project Work Plan as well as the process utilized to establish future goals and objectives.

- Describe how the Healthy People 2020 goals and objectives will be addressed in the proposed project.

RESOURCES/CAPABILITIES
- Discuss why the applicant is the appropriate entity to receive the HCPG and to lead the planning and development efforts for a health center in the proposed community (e.g., staff skills, capacity, clinical outcomes, cultural and linguistic competence, and evaluation capabilities).

- Describe prior experience and expertise of the organization as well as in the proposed key staff, including:
    a) Working with the proposed service area/community(ies);
    b) Working with any proposed target special population(s);
    c) Establishing and/or providing comprehensive health care; and/or
    d) Community development.

- Identify any unique characteristics and significant accomplishments of the organization.

- Discuss the proposed staffing plan and demonstrate that the staffing is appropriate and adequate to successfully accomplish the goals of the planning project.

- Describe the plan to identify and secure (through lease or purchase) appropriate facility(ies) for use as service delivery sites and administrative space.

- Discuss the financial management capability, accounting and control systems for the planning grant.

Throughout this section, applicant should reference any relevant letters of support.

SUPPORT REQUESTED
- Discuss the reasonableness of the proposed budget in terms of assuring effective utilization of grant funds, maximizing non-grant revenue, and acquiring the resources required to achieve the goals and objectives of the planning project (i.e., total project budget).

- Demonstrate that the Project Work Plan goals and objectives include appropriate financial planning in the development of the proposal and for the long-term success of the project.

NOTE: HCPG funds may not be used for grant writing expenses.

GOVERNANCE
- Describe a plan to gain or increase community support and involvement in health center planning activities as well as a plan for maintaining community involvement once the health center is operational (e.g., community surveys, advisory board, health fair, outreach work).

- Discuss efforts to establish an independent Board of Directors, and the plan to recruit Board members that are representative of the community to be served (in terms of race, ethnicity,

and gender) and with a broad range of skills and perspectives in such areas as finance, legal affairs, business, health, and social services. Include discussion of plans to recruit both "consumer/patient" board members and "non-consumer" board members.

- Describe the plan to establish governing board bylaws that create an independent governing board with the authorities required by section 330 of the PHS Act, as amended and applicable regulations. Discuss key individuals with expertise to assist in the drafting of bylaws, and procedures to encourage input and participation in creating and approving bylaws by both members of the applicant organization and members of the community.

- Summarize all current or proposed sub-recipient arrangements, affiliation agreements, and/or other relationships to which the applicant organization is a party.

xi. *Program Specific Forms (HRSA EHBs)*
Please refer to Appendix A for copies of the program specific forms. **All applicants for HCPG funding must complete and submit the following four (4) required Program Specific Forms.**

- **FORM 1A, General Information Worksheet** – This form provides a concise summary of information that should be consistent with the budget, narrative, work plan and any other attachments. Applicants must identify if they are requesting a Funding Priority and provide documentation to support the request on this form.

- **FORM 4, Community Characteristics** – This form reports service area and target population data for the proposed service area. Target population data should be a subset of the service area data and reflect the population the health center will serve. If information for your service area is not available, utilize data from U.S. Census Bureau, local planning agencies, health departments, and other local, State, and national data sources. Estimates are acceptable.

- **FORM 12:** Organization Contacts – This form summarizes points of contacts within the organization to allow for communication to be initiated when required.

- **Project Work Plan Form:** The work plan outlines the goals and objectives related to the planning grant activities for the development of a comprehensive health center in compliance with the requirements of section 330 (c)(l) of the PHS Act, as amended, and applicable regulations (www.bphc.hrsa.gov/about/requirements.htm). Refer to Appendix C for directions on completing the Project Work Plan.

xii. *Attachments (HRSA EHBs)*
Provide the following attachments to complete the content of the application. Note that these are supplementary in nature and are not intended to replace or be a continuation of the Program Narrative. **Each attachment must be clearly labeled.** All forms and attachments are expected to reflect the scope of the application submitted, as appropriate.

For additional information, please see Section IV of HRSA's Electronic Submission User Guide (EHBs) at www.hrsa.gov/grants/userguide.htm for instructions on completing and ordering required attachments.

- **Attachment 1: Applicant Organizational Chart**
Applicants must provide a one-page document that depicts the applicant's organizational structure including the governing board, key personnel, staffing, subcontractors, consultants, and other significant collaborating organizations, as applicable.

- **Attachment 2: Service Area Map**
Applicants must upload a map of the service area for the proposed project, including any Medically Underserved Areas (MUAs) and/or Medically Underserved Populations (MUPs), Federally Qualified Health Centers (FQHC), FQHC Look-Alikes, rural health clinics, critical access hospitals, and other health care providers serving the same population(s). Potential point(s) of service within the area should also be identified, if known.

- **Attachment 3: Staffing Plan and Personnel Requirements**
Applicants must provide a staffing plan/personnel requirement in the form of a brief narrative and/or table (one page maximum) which identifies the total personnel and number of FTEs to staff the planning project as well as the specific number to be supported by the HCPG funds. The staffing plan should include education, related experience, qualifications, and rationale for the amount of time being requested for each staff position.

- **Attachment 4: Job or Position Descriptions for Key Personnel**
Applicants must provide position descriptions for key management staff, including the Program Director as listed on the 5161 Checklist, who will be working on the planning project and elements of the proposed work plan. Applicants should indicate on the position descriptions if key management positions are combined and/or part time (e.g., CFO and COO roles are shared). Each position description should be limited to **one page** or less and must include at a minimum, the position title, description of duties and responsibilities, position qualifications, supervisory relationships, skills, knowledge and experience requirements, travel requirements, salary range, and work hours.

- **Attachment 5: Biographical Sketches of Key Personnel**
Applicants must include biographical sketches for persons occupying the key positions described in Attachment 4. Biographical sketches should not to exceed two pages in length for each position. Applicants should also indicate any current vacancies in key personnel. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person along with the biographical sketch. If all key personnel will be hired upon award, address that in the program narrative and work plan.

- **Attachment 6: Summary of Contracts and Agreements**
Applicants must provide summaries of any current or proposed significant contracts and/or agreements between the applicant and other agencies, organizations, and/or programs that constitute a substantive working relationships cited in the proposal (e.g., contract for staff, management services, etc.). It is suggested that each summary not exceed 3 pages in total. The summary should address the following items for each agreement/contract:
    - ➢ Name and contact information for affiliated agency(ies);

- ➢ Type of agreement (e.g., contract, sub-recipient arrangement);
- ➢ Brief description of the purpose and scope of the agreement (i.e., type of services provided, how/where these are provided); and
- ➢ Timeframe for the agreement/contract/affiliation.

Letters of agreements and contracts and/or summaries must be dated and signed.

- **Attachment 7: Most Recent Independent Financial Audit**
  Applicants must provide the organization's most recent independent financial audit. Organizations that have been operational less than one year and do not have an audit may submit monthly financial statements for the most recent six-month period if available. Organizations with no audit/financial information must provide a detailed explanation including supporting documentation, as relevant (i.e., organization has been formed for the purposes of this planning grant application).

  Audit information will be considered complete when it includes all balance sheets, profit and loss statements, audit findings, management letter, and any noted exceptions. Organization must submit their audit findings (management letter from their audit) or provide a signed statement that no letter was issued with the audit. The financial audit is NOT included in the page limitation.

- **Attachment 8: Articles of Incorporation**
  The official signatory page of the Articles of Incorporation (signed seal page) is sufficient in lieu of the entire document. *For organizations that do not have signed Articles of Incorporation, submit proof that an application has been submitted to the State for review.*

- **Attachment 9: Evidence of Non-Profit or Public Agency Status**
  All applicant organizations must submit evidence of non-profit or public agency status.

  Any of the following is acceptable evidence of non-profit status:
  - ➢ A reference to the organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.
  - ➢ A copy of a currently valid Internal Revenue Service Tax exemption certificate.
  - ➢ A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.
  - ➢ A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.
  - ➢ Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

  The IRS Tax Exempt Certification or a copy of the organization's W-9 Form must be submitted to verify the organizational Employee Identification Number. Please provide a detailed explanation if neither document is available, with supporting documentation, as relevant.

Any of the following is acceptable evidence of "public agency" status:

> ➤ "Affirm Instrumentality Letter" (4076C) from the IRS or a letter of authority from the Federal, State, or local government granting the entity one or more sovereign powers.
> ➤ A determination letter issued by the IRS, providing evidence of a past positive letter ruling by the IRS, or other documentation demonstrating that the organization is an instrumentality of government, such as documentation of the law that created the organization or documentation showing that the State or a political subdivision of the State controls the organization.
> ➤ Formal documentation from a sovereign State's taxing authority equivalent to the IRS or authority granting the entity one or more governmental powers.

- **Attachment 10: Letters of Support**
  Applicants must provide *dated* letters of support as appropriate to demonstrate support of and commitment to the proposed HCPG. **In particular, the applicant must secure a letter of support from any existing FQHC (section 330 grantee and/or FQHC Look-Alike), health department, local hospital, and rural health clinic in the service area, or provide an explanation for why such a letter(s) cannot be obtained.** Support from local community stakeholders, patients, and collaborating organizations are also important forms of support. As necessary, applicants should also include a one-page list of all additional support letters that are not included in the application, but are available onsite. Merge various letters into a single document.

- **Attachment 11: Other Relevant Documents**
  If available (and space permitting), applicants may upload the tool(s) utilized in the comprehensive Needs Assessment. In addition, if the applicant organization has already completed a needs assessment that depicts the current needs of the proposed service area, then a summary of the findings should be included here as well. Applicants may also include additional documents, as applicable, to support the proposed project plan. Examples of other documents include floor plans of the facility(ies), charts, organizational brochures, etc.

3. SUBMISSION DATES AND TIMES

Application Due Dates
The due date for applications under this funding opportunity announcement (HRSA 11-021) in Grants.gov is March 18, 2011 at 8:00 P.M. ET and the due date for applications in EHB is April 8, 2011 at 5:00 P.M. ET. Applications completed online are considered formally submitted if: (1) the application has been successfully transmitted electronically by your organization's Authorized Organization Representative (AOR) through Grants.gov and has been validated by Grants.gov on or before the deadline date and time; and (2) the AOR has submitted the additional information in the HRSA EHB on or before the deadline date and time.

The Chief Grants Management Officer (CGMO) or designee may authorize an extension of published deadlines when justified by circumstances such as natural disasters (e.g., floods or hurricanes) or other disruptions of services, such as a prolonged blackout. The CGMO or

designee will determine the impact on the affected geographical area(s) and provide waivers to those impacted, accordingly.

Please refer to http://www.hrsa.gov/grants/apply/index.html for important specific information on registering, and Section 3 of HRSA's Electronic Submission User Guide (http://www.hrsa.gov/grants/userguide.htm) for important information on applying through Grants.gov.

Late Applications

Applications which do not meet the timelines as stated above are considered late applications and will not be considered in the current competition.

4. INTERGOVERNMENTAL REVIEW

The Health Center Program is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100. Executive Order 12372 allows States the option of setting up a system for reviewing applications from within their States for assistance under certain Federal programs. Application packages made available under this guidance will contain a listing of States which have chosen to set up such a review system, and will provide a State Single Point of Contact (SPOC) for the review. Information on States affected by this program and State SPOCs may also be obtained from the Grants Management Officer listed in the Agency Contacts section, as well as from the following website http://www.whitehouse.gov/omb/grants_spoc/.

All applicants other than federally recognized Native American Tribal Groups should contact their State SPOC as early as possible to alert them to prospective applications and receive any necessary instructions on the State process used under this Executive Order.

Letters from the State SPOC in response to Executive Order 12372 are due sixty days after the application due date.

5. FUNDING RESTRICTIONS

Applicants responding to this funding opportunity announcement (HRSA 11-021) may request funding for a project period of up to one (1) year, at no more than $80,000 per year.

Funds under this funding opportunity announcement (HRSA 11-021) may not be used for the following purposes:
- o expenses related to land or facility purchase;
- o construction/alteration or renovation of a facility;
- o any other facility related expenses that would cause a Federal interest to be placed on land or facility;
- o any direct patient care, services or supplies that are ordinarily reimbursable (e.g., physical exams, therapy sessions, pharmaceuticals);
- o Service expansions (e.g., extended clinic hours, expanded clinical services, etc.);
- o Capital equipment used for reimbursable patient care and services (e.g., radiology equipment, ambulances); or
- o Grant writing expenses.

Pursuant to existing law, and consistent with Executive Order 13535 (75 FR 15599), health centers are prohibited from using Federal funds to provide abortion services (except in cases of rape or incest, or when the life of the woman would be endangered). This includes all grants awarded under this announcement and is consistent with past practice and long-standing requirements applicable to grant awards to health centers.

6. OTHER SUBMISSION REQUIREMENTS

As stated in Section IV.1, except in rare cases, HRSA will no longer accept applications in paper form. Applicants submitting for this funding opportunity are *required* to submit *electronically* through Grants.gov. To submit an application electronically, please use the http://www.Grants.gov application site. When using Grants.gov you will be able to download a copy of the application package, complete it off-line, and then upload and submit the application via the Grants.gov site.

It is essential that your organization *immediately register* in Grants.gov and become familiar with the Grants.gov site application process. If you do not complete the registration process you will be unable to submit an application. The registration process can take up to one month.

To be able to successfully register in Grants.gov, it is necessary that you complete all of the following required actions:
- Obtain an organizational Data Universal Number System (DUNS) number
- Register the organization with Central Contractor Registry (CCR)
- Identify the organization's E-Business Point of Contact (E-Biz POC)
- Confirm the organization's CCR "Marketing Partner ID Number (M-PIN)" password
- Register an Authorized Organization Representative (AOR)
- Obtain a username and password from the Grants.gov Credential Provider

Instructions on how to register, tutorials, and FAQs are available on the Grants.gov website at www.grants.gov. Assistance is also available 24 hours a day, 7 days a week (excluding Federal holidays) from the Grants.gov help desk at support@grants.gov or by phone at 1-800-518-4726.

Applicants submitting for this funding opportunity are *required* to submit *electronically* through HRSA's EHBs. In order to submit the HCPG application in HRSA EHBs, the AO (and other application preparers) must register in HRSA EHBs as applicants submitting for funding opportunity HRSA 11-021. Note that registration with HRSA EHBs is independent of Grants.gov registration.

Registration within HRSA EHBs is a two-step process. In the first step, individual users from an organization who participate in the grants process must create individual system accounts. In the second step, the users must associate themselves with the appropriate grantee organization. Once the individual is registered, they can search using the **HRSA EHBs Tracking Number**. Your organization's record is created in the HRSA EHBs based on information entered in Grants.gov.

To complete the registration quickly and efficiently we recommend that you identify your role in the grants management process. HRSA EHBs offer the following three functional roles for individuals from applicant/grantee organizations:

- Authorizing Organization Representative (AOR),
- Business Official (BO), and
- Other Employee (for project directors, assistant staff, AOR designees and others).

For more information on functional responsibilities, refer to the HRSA EHBs online help. Once the registration is completed, users from the organization need to go through an additional step to get access to the application in HRSA EHBs. This is required to ensure that only the right individuals have access to the competing application. In this step, the first user is challenged to enter the announcement number, grants.gov tracking number and the HRSA EHBs tracking number. Once the individual has successfully provided this information and received access to the application, other users can be given access through the 'Peer Access' feature within HRSA EHBs.

IMPORTANT: You must use your HRSA EHBs Tracking Number to identify your organization.

For assistance in registering with HRSA EHBs, please refer to http://www.hrsa.gov/grants/userguide.htm, call 877-GO4-HRSA (877-464-4772) (TTY for hearing impaired 1-877-897-9910) between 9:00 am to 5:30 pm ET, and/or email callcenter@hrsa.gov.

Formal submission of the electronic application: Applications completed online are considered formally submitted when the application has been successfully transmitted electronically by your organization's AOR through Grants.gov and has been validated by Grants.gov on or before the deadline date and time.

It is incumbent on applicants to ensure that the AO is available to submit the application to HRSA by the application due date. HRSA will <u>not</u> accept submission or re-submission of incomplete, rejected, or otherwise delayed applications after the deadline. Therefore, you are urged to submit your application in advance of the deadline. If your application is rejected by Grants.gov due to errors, you must correct the application and resubmit it to Grants.gov before the deadline date and time.

If, for any reason, an application is submitted more than once, prior to the application due date, HRSA will only accept the applicant's last electronic submission prior to the application due date as the final and only acceptable submission of any competing application submitted to Grants.gov.

Tracking your application: It is incumbent on the applicant to track application status by using the Grants.gov tracking number (GRANTXXXXXXXX) provided in the confirmation email from Grants.gov. More information about tracking your application can be found at http://www07.grants.gov/applicants/resources.jsp.

V. Application Review Information

1. REVIEW CRITERIA

Procedures for assessing the technical merit of grant applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

Review Criteria are used to review and rank applications. The HCPG has seven (7) review criteria. Applicants are encouraged to ensure their Narrative adequately demonstrates the *need* for HCPG funding to complete the required planning activities proposed.

Criterion 1: NEED (15 points)
1) The extent to which the applicant defines and documents the proposed service area for the planning project, including documentation of:
    - Census tracts, minor civil divisions, schools/school districts, etc.;
    - Any Medically Underserved Area (MUA), Medically Underserved Population (MUP), and/or Health Professional Shortage Area (HPSA) designations for the area, as applicable;
    - Urban, rural, and/or sparsely populated composition of the service area; and
    - Specific area(s) where the poverty rate exceeds the national poverty rate of 14.3% as determined by the U.S. Census Bureau.

2) The extent to which the applicant documents and demonstrates:
    (a) A plan for conducting a comprehensive needs assessment for the proposed community, with attention on the needs of medically underserved populations, and incorporating the following required elements:
    (b) Health indices for the population in the area (e.g., infant mortality rate, diabetes incidence);
    (c) Economic factors affecting the population's access to health services (e.g., percentage of the population with incomes at or below 200% of the poverty level, geographic areas where the poverty rate is greater than the national poverty rate of 14.3%, joblessness rate, estimated uninsured rate);
    (d) Demographic factors affecting the population's need and demand for health services (e.g., percentage of the population age 65 and over, various types of languages spoken);
    (e) Health resources currently available to the population, including access to primary care providers and resources and/or services of other public and private organizations within the proposed service area that are providing care to the target population(s);
    (f) The capacity within the service area to sustain a comprehensive health center;
    (g) Specific plans regarding the collection of data; and
    (h) If the applicant previously conducted a needs assessment that depicts the current needs of the proposed service area, then the extent to which the applicant provides a

comprehensive summary of their current needs assessment (and, space permitting, the tool utilized) in Attachment 11.

3) The extent to which the applicant discusses and documents the health care environment of the proposed service area, barriers to health care, and any significant changes that have affected the community's overall health status and access to health care, such as: changes in insurance coverage, including Medicaid, Medicare, and CHIP; changes in State/local/private uncompensated care programs; major events including economic and demographic changes within the service area (e.g., hospital closing, factory closing, natural disaster, financial); significant changes affecting the target population(s).

4) The extent to which the applicant discusses and documents a plan for gathering quantitative and qualitative data and other information necessary to fully describe the health care needs of the community/target population(s), and describes the actions to be taken in order to secure information related to the following indicators of need:

(a) The unique characteristics of the target population that affect access to primary health care, health care utilization and/or health status, including: cultural/ethnic factors such as language, attitudes, knowledge and/or beliefs; geographic/transportation barriers; unemployment or educational factors; and unique health care needs of the target population(s).

(b) Existing primary health care services (including mental health/substance abuse and oral health) currently available in the applicant's service area, including any gaps in services and/or provider shortages, and the role and location of any other providers who currently serve the target population.

(c) A thorough understanding of the specific health care needs and access issues of any special populations the applicant organization intends to target.

    i.   An applicant planning for a health center that will target migrant/seasonal farmworkers should understand crops and growing seasons, numbers of temporary workers in the intended service area during different periods of the year and any trends predicting increases or decreases in these numbers, and typical working hours and environmental health concerns of workers.

    ii.   An applicant planning for a health center that will target people experiencing homelessness should understand the number of providers treating homeless individuals in the service area, the availability of homeless shelters and/or affordable housing, and any service area trends in homelessness.

    iii.   An applicant planning for a health center that will target residents of public housing should understand the availability of public housing in the service area and any trends in the number of residents of public housing.

5) The extent to which the applicant has documented that the proposed service area includes a designated Medically Underserved Area (MUA) and/or Medically Underserved

Population (MUP). If no designation exists, describe plans to obtain designation as a key activity of the Planning Grant project. (**Note:** Under the Health Center Program, MUA/P designation is not required for organizations funded to solely serve special populations (funding for MHC, HCH, and/or PHPC)).

Criterion 2: RESPONSE (25 points)
1) The extent to which the applicant documents and demonstrates efforts in the following areas, as applicable, as part of their proposed plan for the development of a comprehensive health center that will meet section 330 requirements and regulations, that will serve the needs of the proposed service area and target population:
   (a) Identifying service delivery setting/model (e.g., stand-alone site, school setting, mobile clinic) including locations and hours or operation;
   (b) Determining appropriate primary, preventive and enabling services, including:
      (i) Ensuring access to culturally and linguistically appropriate care (e.g. availability of interpretive services, training opportunities, and bicultural/multicultural staff); and
      (ii) Providing access to oral health, mental health, substance abuse related services, and enabling services;
   (c) Determining staffing needs (i.e., provider mix; leadership/management) and developing appropriate recruitment and retention practices;
   (d) Establishing systems for after-hours care, admitting privileges, access to continuum of care, and referral relationships;
   (e) Creating appropriate financial policies and procedures that assure no patient is denied services based on the ability to pay including a schedule of charges and patient discounts adjusted on the basis of the patient's ability to pay, consistent with locally prevailing rates or charges
   (f) Establishing appropriate administrative and clinical policies and procedures;
   (g) Establishing appropriate quality improvement/quality assurance (QI/QA) and risk management that includes clinical services and management, maintains patient record confidentiality, and involves periodic assessment and analysis by clinical staff;
   (h) Identifying the management information system (MIS) and billing system needs of the health center;
   (i) Applying for essential/required designations;
   (j) Increasing community involvement in the development and/or operational stages of a health center; and
   (k) Developing linkages/building partnerships with other providers in the community

2) The extent to which the applicant documents and demonstrates how the organization will utilize the HCPG period to secure financial and professional assistance to support a sustainable, section 330 health center, including addressing efforts related to:
   (a) Securing other Federal/State/local/in-kind financial support for efforts related to developing and/or operating a comprehensive health center (e.g., foundations, donated supplies or facilities);
   (b) Developing an appropriate management team (e.g., Chief Executive Officer, Chief Clinical Officer, Chief Financial Officer) for the health center; and
   (c) Securing contracts/consultants to assist in the development stages of the health center.

3) The extent to which the applicant documents and demonstrates plans to gain, increase and/or maintain:
    (a) community support and involvement in the planning activities initiated under the grant;
    (b) community involvement activities in the development of the health center; and
    (c) community involvement once the health center is operational (e.g., community surveys, advisory board, health fair, outreach work).

4) The extent to which the applicant documents how the Healthy People 2020 goals and objectives will be addressed in the proposed project.

Criterion 3: COLLABORATION (10 points)
1) The extent to which the applicant documents and demonstrates:
    (a) A plan to establish formal and informal collaboration and coordination of services with any existing health care providers (e.g., health departments, local hospitals, rural health clinics, and other providers including federally qualified health centers and FQHC Look-Alikes) in the targeted area including their capacity and services provided.
    (b) Efforts to establish linkages with other providers and potential stakeholders (e.g., health departments, local hospitals, rural health clinics, federally qualified health centers, FQHC Look-Alikes universities, schools, businesses, WIC programs, homeless shelters) to enhance collaboration and coordination and prevent duplication of services within the community. Include *dated* letters of support from these providers/stakeholders in the service area as appropriate to demonstrate support of and commitment to the proposed planning project or an explanation for why such a letter(s) cannot be obtained.
    (c) Documented partnership, commitment, and/or investment from other health care providers (including any FQHC, health department, local hospital and rural health clinic) in the proposed service area in support of the HCPG grantee's establishment of a health center. If no documented partnerships exist, applicant describes a plan to establish the partnership(s).
    (d) Discussion of proposed efforts to coordinate planning grant activities with neighborhood revitalization initiatives supported through the Department of Housing and Urban Development's Choice Neighborhoods and/or Department of Education's Promise Neighborhoods (if applicable); and
    (e) To the extent which the applicant plans to target special populations, describe the plan to reach formal arrangements with organizations that provide services or support to the proposed special population (e.g., Migrant Head Start, Public Housing Authority, homeless shelters).

Criterion 4: EVALUATIVE MEASURES/IMPACT (10 points)
1) The extent to which the applicant documents and demonstrates how the comprehensive needs assessment:
    (a) Forms/will form the basis for strategic planning and future program decision making in the development of a comprehensive section 330 funded health center; and

(b) Will be used to evaluate organizational capability and the effectiveness of available resources and/or services in providing care to the target community/population.

2) The extent to which the applicant documents and demonstrates the following:
(a) A protocol that will be used to evaluate the results of action steps detailed in the Project Work Plan;
(b) A process that will be utilized to establish future goals and objectives; and
(c) A discussion of how evaluative measures will be utilized for each of the activity areas proposed in the HCPG application, (i.e., needs assessment, service area designation(s), service delivery, staffing plan, technical assistance, financial plans, community linkages, and governing board development).

Criterion 5: RESOURCES/CAPABILITIES (15 points)
1) The extent to which the applicant documents and demonstrates why it is the appropriate entity to receive the funding, and to lead the planning and development efforts to establish a health center in the proposed community (e.g., staff skills, capacity, clinical outcomes, cultural and linguistic competence, evaluation capabilities).

2) The extent to which the applicant documents and demonstrates prior experience and expertise as an organization as well as in the proposed key staff, including:
(a) Working with the proposed service area/community(ies),
(b) Working with any proposed target special populations;
(c) Establishing and/or providing comprehensive health care, and/or
(d) Community development.

3) The extent to which the applicant documents and demonstrates the following activities related to the development of a section 330 community health center:
(a) Expected deliverables and proposed scope of work (e.g., time frame, duration, intensity, services) for the planning project, including the use of any consultants and/or contractors to be hired; and
(b) All current or proposed sub-recipient arrangements, affiliation agreements, and/or other relationships to which the applicant organization is a party.

4) The extent to which the applicant documents a proposed staffing plan and demonstrates through attached job descriptions and biographical sketches (or, in the case of vacant positions, recruiting methods that will be used for hiring consultants/staff) a plan that is appropriate and adequate to successfully accomplish the goals of the planning project.

5) The extent to which the applicant identifies any unique characteristics and significant accomplishments of the organization.

6) The strength of the applicant's discussion of the plan to identify and secure (through lease or purchase) appropriate facility (ies) for use as service delivery sites and administrative space.

7) The extent to which the applicant demonstrates a plan and activities to create financial management capability, accounting and control systems, and policies and procedures reflecting Generally Accepted Accounting Principles (GAAP), and to safeguard assets and maintain financial stability. Include discussion of plans and activities to create collection and reimbursement systems, and for an annual independent audit.

Criterion 6: SUPPORT REQUESTED (15 points)

1) The extent to which the applicant documents and demonstrates a 12-month annualized budget which is appropriate and reasonable in terms of:
   (a) The soundness of the fiscal plan for assuring effective utilization of grant funds and maximizing non-grant revenue;
   (b) The total resources required to achieve the goals and objectives of the planning project (i.e., total project budget); and
   (c) Utilization of other Federal, State, local, and private resources available to support the planning project, to the extent feasible.

2) The extent to which the applicant documents and demonstrates that the goals and objectives in the Project Work Plan are targeted and demonstrate appropriate financial planning in the development of the proposal and for the long-term success of the project.

Criterion 7: GOVERNANCE (10 points)

1) The extent to which the applicant documents and demonstrates a plan for the development of a section 330 governance structure as necessary, including recruiting Board members that are representative of the community to be served (e.g., Board training, developing section 330 bylaws):
   (a) A plan to establish governing board bylaws that create an independent governing board with the authorities required by section 330 of the PHS Act, as amended, and applicable regulations.
   (b) Key individuals with expertise to assist in the drafting of bylaws, and procedures to encourage input and participation in creating and approving bylaws by both members of the applicant organization and members of the community.
   (c) Efforts to establish an independent Board of Directors, and the plan to recruit Board members that are representative of the community to be served (in terms of race, ethnicity, and gender) and with a broad range of skills and perspectives in such areas as finance, legal affairs, business, health, and social services. Include discussion of plans to recruit both "consumer/patient" board members and "non-consumer" board members.
   (d) A plan to gain or increase community support and involvement in health center planning activities as well as a plan for maintaining community involvement once the health center is operational (e.g., community surveys, advisory board, health fair, outreach work).
   (e) A summary of all current or proposed sub-recipient arrangements, affiliation agreements, and/or other relationships to which the applicant organization is a party.

2. REVIEW AND SELECTION PROCESS

The Division of Independent Review is responsible for managing objective reviews within HRSA. Applications competing for Federal funds receive an objective and independent review performed by a committee of experts qualified by training and experience in particular fields or disciplines related to the program being reviewed. In selecting review committee members, other factors in addition to training and experience may be considered to improve the balance of the committee (e.g., geographic distribution). Each reviewer is screened to avoid conflicts of interest and is responsible for providing an objective, unbiased evaluation based on the review criteria noted above. The committee provides expert advice on the merits of each application to program officials responsible for final selections for award.

Applications that pass the initial HRSA eligibility screening will be reviewed and rated by a panel based on the program elements and review criteria presented in relevant sections of this program announcement. The review criteria are designed to enable the review panel to assess the quality of a proposed project and determine the likelihood of its success. The criteria are closely related to each other and are considered as a whole in judging the overall quality of an application.

HRSA reserves the right to review fundable applicants for compliance with relevant statutory and regulatory requirements through a review of site visits, audit data, Uniform Data System (UDS) or similar reports, Medicare/Medicaid cost reports, external accreditation or performance review reports, and other performance reports for current HRSA funding, etc., as applicable, before a final recommendation for funding is made.

Funding Priorities
A funding priority is defined as the favorable adjustment of combined review scores of individually approved applications when applications meet specified criteria. An adjustment is made by a set, pre-determined number of points. The HCPG funding opportunity has two funding priorities.

High Poverty Area (5 points): In order to be considered for the high poverty area funding priority, an applicant must demonstrate that the proposed service area for the HCPG has a poverty rate which is greater than the national poverty rate of 14.3% as determined by the U.S. Census Bureau.[1] Applicants requesting consideration of a funding priority **must** indicate the request on FORM 1A **and** provide documentation that the proposed service area has a poverty rate which is greater than the national poverty rate of 14.3%. This funding priority will be determined by HRSA based on supporting documentation (e.g., information from the U.S. Census Bureau, State or regional/local authority) contained in the application.

Sparsely Populated Rural Area (5 Points): In order to be considered for the sparsely populated funding priority, an applicant must demonstrate that the entire service area being targeted for the planning and development of a comprehensive primary care delivery site has seven or fewer people per square mile. When determining whether the service area is sparsely populated, the defined service area must be considered in whole, not in part (e.g., entire census tract/zip code, not just a specified area within the census track/zip code). Applicants requesting consideration of a funding priority **must** indicate the request on

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[1] US Census data official poverty rate for 2009. U.S. Census Bureau, Income, Poverty, and Health Insurance Coverage in the United States: 2009, Issued September 2010.

FORM 1A **and** provide documentation indicating the entire area has seven or less people per square mile (e.g., information from the U.S. Census Bureau, State or regional/local authority). This funding priority will be determined by HRSA based on supporting documentation contained in the application.

Other Awarding Factors
HRSA intends to award a wide distribution of HCPGs in FY 2011. In general, HRSA may consider the following factors, in addition to the funding factors indicated above, in making awards for HCPGs in FY 2011.

- Rural/Urban Distribution of Awards: Aggregate awards in FY 2011 to serve rural and urban areas may be made to ensure that no more than 60 percent and no fewer than 40 percent of the people served come from either rural or urban areas.

- Geographic Consideration: The goal of the HRSA in making this funding announcement is to expand the current safety net on a national basis by targeting planning and developmental efforts in areas not currently served by a funded health center. Therefore, HRSA may consider geographic distribution when deciding which applications to fund. Additionally, HRSA will consider the areas to be served through grants awarded under the New Access Point (HRSA-11-017) funding opportunity, in making funding decisions under HRSA-11-021.

3. ANTICIPATED ANNOUNCEMENT AND AWARD DATES

Funding decisions will be announced prior to the project period start date of August 1, 2011.

VI.   Award Administration Information

1. AWARD NOTICES

Each applicant will receive written notification via email of the outcome of the objective review process, including a summary of the expert committee's assessment of the application's merits and weaknesses, and whether the application was selected for funding. Applicants who are selected for funding may be required to respond in a satisfactory manner to Conditions placed on their application before funding can proceed. Letters of notification do not provide authorization to begin performance.

The Notice of Award sets forth the amount of funds granted, the terms and conditions of the award, the effective date of the award, the budget period for which initial support will be given, the non-Federal share to be provided (if applicable), and the total project period for which support is contemplated. Signed by the Grants Management Officer, it is sent to the applicant's Authorized Organization Representative, and reflects the only authorizing document. It will be sent prior to the start date of August 1, 2011.

2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

Successful applicants must comply with the administrative requirements outlined in 45 CFR Part 74 Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Commercial Organizations or 45 CFR Part 92 Uniform Administrative Requirements For Grants And Cooperative Agreements to State, Local, and Tribal Governments, as appropriate.

HRSA grant and cooperative agreement awards are subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable based on recipient type and purpose of award. This includes, as applicable, any requirements in Parts I and II of the HHS GPS that apply to the award. The HHS GPS is available at http://www.hrsa.gov/grants/. The general terms and conditions in the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary (as specified in the Notice of Award).

Cultural and Linguistic Competence
HRSA is committed to ensuring access to quality health care for all. Quality care means access to services, information, materials delivered by competent providers in a manner that factors in the language needs, cultural richness, and diversity of populations served. Quality also means that, where appropriate, data collection instruments used should adhere to culturally competent and linguistically appropriate norms. For additional information and guidance, refer to the National Standards for Culturally and Linguistically Appropriate Services in Health Care published by HHS. This document is available online at http://www.omhrc.gov/CLAS.

Trafficking in Persons
Awards issued under this funding opportunity announcement are subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to http://www.hrsa.gov/grants/trafficking.htm. If you are unable to access this link, please contact the Grants Management Specialist identified in this funding opportunity to obtain a copy of the term.

PUBLIC POLICY ISSUANCE

HEALTHY PEOPLE 2020 is a national initiative led by HHS that sets priorities for all HRSA programs. The initiative has two major goals: (1) to increase the quality and years of a healthy life; and (2) eliminate our country's health disparities. The program consists of 28 focus areas and 467 objectives. HRSA has actively participated in the work groups of all the focus areas, and is committed to the achievement of the Healthy People 2020 goals.

Healthy People 2020 can be found online at http://www.healthypeople.gov/.

National HIV/AIDS Strategy (NHAS)
The new National HIV/AIDS Strategy (NHAS) has three primary goals: 1) reducing the number of people who become infected with HIV, 2) increasing access to care and optimizing health outcomes for people living with HIV, and 3) reducing HIV-related health disparities. The NHAS states that more must be done to ensure that new prevention methods are identified and that prevention resources are more strategically deployed. Further, the NHAS recognizes

the importance of getting people with HIV into care early after infection to protect their health and reduce their potential of transmitting the virus to others. HIV disproportionately affects people who have less access to prevention and treatment services and, as a result, often have poorer health outcomes. Therefore, the NHAS advocates adopting community-level approaches to reduce HIV infection in high-risk communities and reduce stigma and discrimination against people living with HIV.

To ensure success, the NHAS requires the Federal government and State, tribal and local governments to increase collaboration, efficiency, and innovation. Therefore, to the extent possible, program activities should strive to support the three primary goals of the National HIV/AIDS Strategy.

More information can be found at http://www.whitehouse.gov/administration/eop/onap/nhas.

Smoke Free Workplace
The Public Health Service strongly encourages all award recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. Further, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care, or early childhood development services are provided to children.

3. REPORTING

The successful applicant under this guidance must comply with the reporting and review activities as outlined below.

- **Audit Requirements**
  Comply with audit requirements of Office of Management and Budget (OMB) Circular A-133. Information on the scope, frequency, and other aspects of the audits can be found on the Internet at www.whitehouse.gov/omb/circulars.

- **Payment Management Requirements**
  Submit a quarterly electronic Federal Financial Report (FFR) Cash Transaction Report via the Payment Management System (PMS). The report identifies cash expenditures against the authorized funds for the grant. The FFR Cash Transaction Reports must be filed within 30 days of the end of each calendar quarter. Failure to submit the report may result in the inability to access grant funds. Go to www.dpm.psc.gov for additional information.

- **Status Reports**
  1) Submit a **Federal Financial Report (SF-425)**. The Federal Financial Report (SF-425) is required within 90 days of the end of each budget period. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through EHB. More specific information will be included in the Notice of Award.
  2) Submit a **Progress Report(s).** The awardee must submit a progress report to HRSA on a semi-annual basis. Further information will be included in the Notice of Award.

3) Submit a **Final Progress Report**. A final report is required within 90 days after the project period ends. Further information will be included in the Notice of Award. The final report must be submitted on-line by awardees in the Electronic Handbooks system at https://grants.hrsa.gov/webexternal/home.asp

- **Transparency Act Reporting Requirements**
New awards issued under this funding opportunity announcement are subject to the reporting requirements of the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252 and implemented by 2 CFR Part 170. Grant and cooperative agreement recipients must report information for each first-tier subaward of $25,000 or more in Federal funds and executive total compensation for the recipient's and subrecipient's five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (available online at www.hrsa.gov/grants/ffata.html). Competing Continuation awardees may be subject to this requirement and will be so notified in the Notice of Award.

VII. Agency Contacts

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this grant announcement by contacting:

Brian Feldman
Health Resources and Services Administration
Office of Federal Assistance Management
Division of Grants Management Operations
5600 Fishers Lane, Room 12A-07
Rockville, MD 20857
Telephone: 301-443-3190
Fax: 301-594-9810
Email: bfeldman@hrsa.gov

Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting

Xanthia James
Health Resources and Services Administration
Bureau of Primary Health Care
Office of Policy and Program Development
5600 Fishers Lane, Room 17 C-26
Rockville, MD 20857
Telephone: 301-594-4300
Fax: 301-594-4997
Email: BPHCPlanning@hrsa.gov

Applicants may need assistance when working online to submit their application forms electronically. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, seven days a week, excluding Federal holidays at:

Grants.gov Contact Center
Phone: 1-800-518-4726
E-mail: support@grants.gov

Applicants may need assistance when working online to submit the remainder of their information electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting the remaining information in HRSA's EHBs, contact the HRSA Call Center, Monday-Friday, 9:00 a.m. to 5:30 p.m. ET:

HRSA Call Center
Phone: (877) 464-4772
TTY: (877) 897-9910
Fax: (301) 998-7377
E-mail: CallCenter@HRSA.GOV

VIII. Other Information

Technical Assistance Information

Extensive technical assistance materials including FAQs, power point presentations, and consolidated terms and definitions, are available on the TA webpage at http://www.hrsa.gov/grants/apply/assistance/planning.

HRSA will hold a pre-application conference call for potential HCPG applicants. The conference call will provide an overview of this funding opportunity, expectations for planning grants, requirements of section 330-funded programs, and the electronic submission process. The conference call will also include an opportunity for organizations to ask questions regarding the HCPG funding opportunity. For the dates, times, dial-in numbers, and other information pertaining to this call, please visit the BPHC website at www.hrsa.gov/grants/technicalassistance/planning.

In developing applications, applicants are highly encouraged to work with the appropriate PCA, State Health Department through the PCO and/or NCAs (refer to lists of PCAs, State Health Departments, and NTAs at: http://www.bphc.hrsa.gov/technicalassistance/planning/) to prepare quality, competitive applications.

Helpful Resources
Organizations may find the following websites and resources helpful when preparing the application:
  – Section 330 of the Public Health Service (PHS) Act (42 U.S.C. 254b), as amended - Section 330 of the Public Health Service (PHS) Act

- Section 330 Program Requirements, http://bphc.hrsa.gov/about/requirements.htm

- HHS Grants Policy Statement http://www.hrsa.gov/grants/

- Code of Federal Regulations, Title 42, Part 51c, Grants for Community Health Services Code of Federal Regulations, Grants for Community Health Services

- Code of Federal Regulations, Title 42, Part 56, Grants for Migrant Health Services and Centers - Code of Federal Regulations, Title 42, Part 56, Grants for Migrant Health Services and Centers

- Code of Federal Regulations, Title 45, Part 75, Grant Award Requirements, Code of Federal Regulations, Title 45, Part 75, Grant Award Requirements

- Office of Management and Budget Circular A-133 www.whitehouse.gov/omb/circulars

- PIN 1997-27, "Affiliation Agreements of Community and Migrant Health Centers" (signed July 22, 1997) http://bphc.hrsa.gov/policy/pin9727.htm

  - PIN 1998-24, "Amendment to PIN 1997-27 Regarding Affiliation Agreements of Community and Migrant Health Centers" (signed August 17, 1998) http://bphc.hrsa.gov/policy/pin9824.htm

  - PIN 2007-09, "Service Area Overlap: Policy and Process" (signed March 12, 2007) http://bphc.hrsa.gov/policy/pin0709.htm

- PIN 2007-15, "Health Center Emergency Management Program Expectations" (signed August 22, 2007) http://bphc.hrsa.gov/policy/pin0715/

- PIN 2008-01, "Defining Scope of Project and Policy for Requesting Changes" (signed December 31, 2007) http://bphc.hrsa.gov/policy/pin0801/

- PIN 2009-02, "Specialty Services and Health Centers' Scope of Project" (signed December 18, 2008) http://bphc.hrsa.gov/policy/pin0902/default.htm

- PIN 2009-03, "Technical Revision to PIN 2008-01: Defining Scope of Project and Policy for Requesting Changes" (signed January 13, 2009) http://bphc.hrsa.gov/policy/pin0903.htm

- PIN 2009-05, "Policy for Special Populations-Only Grantees Requesting a Change in Scope to Add a New Target Population" (signed March 23, 2009) http://bphc.hrsa.gov/policy/pin0905/

- PIN 2010-01, "Confirming Public Agency Status under the Health Center Program and FQHC Look-Alike Program" (signed February 5, 2010) http://bphc.hrsa.gov/policy/pin1001/

Related Federal Agencies and Offices
- *HRSA, Bureau of Primary Health Care* – Information on the Health Center Program. http://bphc.hrsa.gov/about/apply.htm

- *HRSA, Bureau of Health Professions* – Information on HPSA, MUA, MUP. http://bhpr.hrsa.gov/shortage/

- *HRSA, Bureau of Clinician Recruitment and Service*– Information on National Health Service Corps. http://nhsc.hrsa.gov/

- *HRSA, Grants: Find, Apply, Manage, Review, and Report* – List of available HRSA funding opportunities. http://www.hrsa.gov/grants/default.htm

- *HRSA, Office of Pharmacy Affairs & 340B Drug Pricing Program*. http://www.hrsa.gov/opa/

- *Federal Audit Clearinghouse Homepage* – Guidelines for preparing an A-133 Audit. http://harvester.census.gov/sac/

Other Reference Materials/Resources
- *Governing Board Handbook* – Tool to assist new board members to understand the structure and responsibilities of a governing board. http://ask.hrsa.gov/detail_materials.cfm?ProdID=720

- *National Cooperative Agreements Directory* – Various national organizations that provide specialized assistance in: capital development and financing; oral health care; organizations serving special populations; clinical quality improvement; and State and local government. http://bphc.hrsa.gov/technicalassistance/ncadirectory.htm

- *State and Regional Primary Care Associations Directory* – Provides assistance to organizations in developing, strengthening and expanding health centers on a State or regional level. http://bphc.hrsa.gov/technicalassistance/pcadirectory.htm

- *State Health Department Primary Care Offices Directory* – Provides assistance to health centers around Medicaid issues, State health policy, MUA/MUP/HPSA, etc. http://bhpr.hrsa.gov/shortage/pcos.htm

IX. Tips for Writing a Strong Application

A concise resource offering tips for writing proposals for HHS grants and cooperative agreements can be accessed online at http://www.hrsa.gov/grants/apply/granttips.html.

Appendix A: Program Specific Form Instructions

The Bureau of Primary Health Care (BPHC) Program-Specific forms MUST BE completed <u>electronically</u> in the EHBs. Detailed instructions and technical assistance for the electronic submission of the program specific forms, is available to all applicants at <u>http://www.hrsa.gov/grants/apply/assistance/planning</u>. Please note that only these forms which are available via the online application, approved by the U.S. Office of Management and Budget, shall be submitted with the application.

PLEASE NOTE: Shaded areas of the Program Specific Forms represent fields that are not applicable to the HCPG application.

➢ **FORM 1A, General Information Worksheet -** This form provides a concise summary of information that is expected to be consistent with the budget, narrative, work plan and any other attachments. The following instructions are intended to clarify the information to be reported in each section of the form:

Section 1: Applicant Information
Complete all relevant information that is not automatically pre-populated.

Section 2: Proposed Service Area
2a. Service Area Designation: Select the designation(s) which best describe the proposed service area. Multiple selections are allowed. For inquiries regarding Medically Underserved Areas of Medically Underserved Populations, call 1-888-275-4772. Press option 1, then option 2 or contact the Shortage Designation Branch via email <u>sdb@hrsa.gov</u> or 301-594-0816. For additional information, visit the HRSA Bureau of Health Professions Shortage Designation website at <u>http://bhpr.hrsa.gov/shortage/</u>.

2b. Target Population Type: Classify target population type as Rural or Urban.

Section 3: Purpose of Planning Grant Application
Indicate all that apply by checking the corresponding boxes.

Section 4: Funding Priorities
High Poverty Application (See section V.2, <u>Review and Selection Process</u>). Applicants requesting consideration of the high poverty funding priority **must indicate the request on FORM 1-A** and provide documentation (e.g., information from the Census Bureau) indicating that the entire defined service area has a poverty rate which is greater than the national poverty rate of 14.3% (note: service area for the application must be considered in whole (i.e., all of the census tracts/zip codes for the entire service area), not just a specified few census tracks/zip codes <u>within</u> the proposed service area). Data should be presented at the census tract and/or zip code level.

Sparsely Populated Rural Areas (See section V.2, <u>Review and Selection Process</u>). Applicants requesting consideration of the sparsely populated funding priority **must indicate the request on FORM 1-A** and provide documentation (e.g., information from the Census

Bureau) indicating that the entire area to be served has seven (7) or less people per square mile. (Note: service area for the application must be considered in whole (i.e., all of the census tracts/zip codes for the entire service area), not just a specified few census tracks/zip codes <u>within</u> the proposed service area). Data should be presented at the census tract and/or zip code level.

- ➢ **FORM 4, Community Characteristics –** The Community Characteristics form reports service area and target population data for the entire scope of the project.

  Service area and target population data should reflect all counties, cities, etc. in the applicant's proposed project. Service area data should include the total number of persons and the percent of the total population for each characteristic. Target population data is most often a subset of the service area data. Target population should include the number of persons and the percent of the total population the applicant **targets** for each characteristic. If information for the defined service area is not available, data from the US Census Bureau, local planning agencies, health departments and/or other local, State and national data sources should be utilized. **Estimates are acceptable.**

- ➢ **FORM 12:** Organization Contacts – This form captures the points of contacts within the organization to allow for communication to be initiated when required. Please provide appropriate salutation and highest degree earned (e.g., MSW, MPH, Ph.D., MD) for each contact.

- ➢ **PROJECT WORK PLAN FORM:** The Project Work Plan outlines the goals and objectives related to the planning and development activities that will be undertaken to establish a comprehensive health center in compliance with the requirements of section 330 of the PHS Act, as amended and applicable regulations (www.bphc.hrsa.gov/about/requirements.htm). The work plan goals and objectives are expected to be specific to the HCPG for which Federal section 330 funding is being requested. **Please review Appendix C for detailed guidance on completing the Project Work Plan Form.**

Appendix B: Guidelines for the Budget Presentation

This section explains the requirements for developing and presenting the Standard Form 424A: Budget Information for Non-Construction Programs and the Budget Justification submitted as part of a HCPG application for Federal support under the Health Center Program.

GUIDELINES FOR COMPLETING STANDARD FORM 424A, SECTIONS A-F
Please complete Sections A, B, and F (if F is applicable) of the PHS 5161: Standard Form (SF) 424A – Budget Information for Non-Constructions Programs (included as part of the EHB submission process). **All budgets should be prepared for the 12-month project period. The budget request must be based upon the funding cap detailed in Section III. Eligibility.**

- The Federal cost principles apply only to Federal grant funds, as stated in the Health Centers Consolidation Act of 1996.
- Amounts in the budget(s) must be rounded to the nearest whole dollar.

The following guidelines should be used by the applicant in the completion of the SF-424A:

SECTION A - BUDGET SUMMARY
Section A should reflect the proposed budget for the 12-month project period. Complete columns (a), (b), (e) (f), and (g).

SECTION B - BUDGET CATEGORIES
This section is a summary of all budget calculations and information for the project period. Each line represents a distinct object class category that should be addressed in the budget justification (see below). Column 1 should reflect the total budget by object class.

SECTION F – OTHER BUDGET INFORMATION (<u>ONLY IF APPLICABLE</u>)
Line 21: Use this space to explain amounts for individual direct object-class cost categories that may appear to be out of the ordinary.
Line 22: Enter the type of indirect rate (provisional, predetermined, final or fixed) that will be in effect during the funding period, the estimated amount of the base to which the rate is applied, and the total indirect expense.
Line 23: Provide any other explanations or comments deemed necessary.

Sample Line Item Budget Justification for Planning Grants

Instructions: The sample budget justification shown below is provided as a broad outline. The examples used in this sample are for illustrative purposes only. Please revise and amend this to best suit the needs of your proposed network. Provide additional information as per the Budget Justification guidelines in narrative form as appropriate.

	Federal Year 1	Non-Federal Year 1
Revenue:		
Patient service income (including pharmacy)		
Local and State Grants (break out by funding source)		$29,530.00
Local funding		$11.098.00
Federal planning grant	$80,000	
Other Federal funding (break out by funding source)		
Total: Revenue	*$80,000.00*	*$40,628.00*
Expenses:		
Personnel (refer to staffing plan)	$40,223.00	$20,000.00
Fringe Benefits (break out each portion of fringe benefits) FICA Retirement	$11,409.00	
Total: Personnel and Fringe	*$51,632*	*$20,000.00*
Travel:		
Travel to meetings ($ per attendee X number of trips)	$858.00	
Management and Board		$1,032.00
State and National meetings	$1,020.00	
Technical Assistance workshop	$1,959.00	$1,373.00
Governance training	$568.00	
Local travel (# trips at organization's mileage rate)	$750.00	
Total: Travel	*$5,155.00*	*$2,405.00*
Equipment:		
1 PC package and software	$5,025.00	
Software	$2,700.00	
Total Equipment	*$7,725.00*	*$0.00*
Supplies:		
Office and printing supplies at $3.75 per visit	$1,120	$550.00
Educational materials ($5.50 per video)	$550.00	
Total Supplies	*$1,670.00*	*$550.00*
Contractual:		
Housekeeping services with LMN Company	$968.00	
Technical assistance for Board	$5,100.00	$6,100.00
National search for Medical Director		$2,200.00
Total: Contractual	*$6,068.00*	*$8,300.00*
Other:		
Payroll processing services		$375.00
Audit services with JKL Company		$6,000.00
Association dues	$375.00	
Building contents insurance	$1,025.00	
Telephone service	$300.00	
Utilities		$1,700.00
Rent (describe per site)	$6050.00	
Any special taxes (describe)		
Technical assistance		$1,298.00
Total: Other	*$7,750.00*	*$9,373.00*
Total: All Budget	*$80,000.00*	*$40,628.00*

Appendix C: Guidelines for the Work Plan

Applicants are required to develop a detailed Work Plan for the proposed activities identified in the HCPG application. Detailed guidance for developing the Work Plan has been provided below. Please refer to 'Section IV: Application and Submission Information' for more information about completing the Work Plan (Program Narrative).

Work Plan
In the Work Plan, applicants must outline individualize goals and objectives related to the planning and development of a comprehensive health center in compliance with the requirements of section 330 of the PHS Act, as amended and applicable regulations (www.bphc.hrsa.gov/about/requirements.htm). Applicants are also expected to demonstrate that the activities described in the Project Work Plan Form align with the Program Narrative and will be accomplished by the end of the one year project period.

Applicants should summarize the major aspects of their proposed work plan in the Program Narrative for those elements that cannot be captured in the Project Work Plan Form (e.g., health care environmental changes; Medicaid/Medicare; any other factors that may have affected, or are expected to affect, progress for implementing the planning project in either a positive or negative way).

The work plan goals and objectives are to be specific to the HCPG for which funding is being requested under this funding opportunity announcement. The objectives outlined under each of the five section 330(c)(1) planning goals below are required in the Project Work Plan Form. Applicants may include additional objectives within each goal as appropriate.

- A. Comprehensive Needs Assessment
  - A.1. Identifying major health issues for the populations to be served, unmet need, barriers to care, etc. If the applicant does not have a Needs Assessment that is appropriate and current for the proposed community, then conducting a comprehensive Needs Assessment as one of the Planning Grant activities is required.
  - A.2. Applying for MUA/MUP designation.

- B. Service Delivery
  - B.1. Developing an appropriate service delivery model based on the comprehensive needs assessment.
  - B.2. If special populations (e.g., migrant/seasonal agricultural workers, residents of public housing, homeless persons, and low-income school children) are included in the target population, specifying activities related to the identification of the unique access problems and health care needs of these populations.*
  - B.3. Facility planning and location selection.

    * Note: Applicants that are not proposing to serve a special population are not required to respond to Goal B.2

- C. Securing Financial, Professional and Technical Assistance

C.1. Recruiting and retaining key management and other qualified staff.
C.2 Providing technical assistance and acquiring consultant activities as appropriate.
C.3. Financial, management, and administrative considerations to the organization related to future operation of the health center.
C.4. Developing plans for attaining and maintaining long-term viability (i.e., future requirements for space, securing other financial support).

D. Developing community involvement/participation
D.1. Developing linkages/building partnerships with other providers in the community including any federally qualified health centers, health departments, local hospitals, and rural health clinics.
D.2. Developing a Governing Board that aligns with section 330 statutory and regulatory requirements.
D.3. Developing community support.

E. Establishing collaborative working relationships with other area.
E.1. Developing linkages/building partnerships with other providers in the community including any federally qualified health centers, health departments, local hospitals, and rural health clinics.

Elements of the Project Work Plan
Note: Applicants must complete the Project Work Plan Form online for the FY 2011 HCPG application. When developing the Project Work Plan, applicants must include at least one of the following elements (columns 2 – 5) for each of the proposed planning grant objectives (see Sample Work Plan below).

Problem/Need Statements are clearly and specifically defined descriptions of the five major planning areas identified by section 330(c)(1).

- **Column 1: Goals and Objectives:**
  - **Goals:** are relatively broad and express a sense of a desired future state or direction. Goals should address identified needs or problems and are usually long-term (1 year or more). Applicants must address, at a minimum, each of the required goals for the HCPG application. An example of a measurable goal is: *"To develop a comprehensive needs assessment for the targeted service area(s) that can be utilized during the FQHC planning process*.**"**

  - **Objectives:** Descriptions of desired, measurable, time-framed results or outcomes and are usually short term (1 year or less). Objectives (intended results or outcomes) are measures of progress towards a goal. They can be used to identify an acceptable level of performance or establish criteria for evaluation. Applicants must address, at a minimum, each of the required objectives for each required goal for the HCPG application. An example of a measurable objective is: *"To increase stakeholder involvement within the first six months by conducting meetings that include key community partners (e.g., safety net providers, local health department, hospital)."*

- **Column 2: Key Action Steps**: Major activities that must occur to accomplish an objective—critical actions that must be taken to attain the measurable outcome or end result. Must include at least one for each objective.

- **Column 3: Expected Outcome**: Quantifiable documented outcomes to be achieved for each objective. Must include at least one for each objective..

- **Column 4: Data, Evaluation, & Measurement**: Source of data, evaluation methods, and measurement used to evaluate progress towards an objective or to identify the actual outcome(s) distinguished in the objective. Measures should be based on valid and reliable data. Must include at least one for each objective.

- **Column 5: Person/Area Responsible**: Identify the person or team/area of the operation responsible for the tracking, evaluation, and completion of the objectives and key action steps. Must include at least one for each objective.

- **Column 6: Comments**: Indicate supplementary information for related entries in the plan.

The Project Work Plan should be consistent with all aspects of the application, including the program narrative, budget, and attachments.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration

SAMPLE PROJECT WORK PLAN

Section A - Comprehensive Needs Assessment

Goal A1: Identifying major health issues for the populations to be served, unmet need, barriers to care, etc.

Objective(s)	Key Action Step(s)	Expected Outcome(s)	Data evaluation and Measurement(s)	Person /Area responsible(s)	Comment(s) (Maximum 500 characters)
A1.1 Develop protocol and measures for implementing needs assessment within two months of grant award. A.1.2 Establish a team of knowledgeable planning staff to oversee undertaking of needs assessment within one month of grant award. A.1.3. Complete needs assessment for targeted service area within 4 months of award. A2.3 Secure consultant to assist with needs assessment.	1. Identify appropriate tools to use for the needs assessment. 2. Establish Subcommittee of the planning staff to oversee needs assessment. 3. Define roles of planning staff and for the project.	1. Participate in the comprehensive needs assessment elements meeting with area stakeholders. 2. Create tangible targeted assessment protocols and tools for identified populations in collaboration with other health centers. 3. Conduct at least one coordinating meeting every month. 4. Completed needs assessment.	1. The number of planning meetings. 2. Determination made regarding approach. 3. The number of meetings attended. 4. Number of persons at each meeting. 5. Progress against established timeline for completion of assessment.	1. Planning Grant committee 2. CEO 3. Board of Directors 4. Consultant	

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Goal A2 : Applying for MUA/MUA Designation

Objective(s)	Key Action Step(s)	Expected Outcome(s)	Data evaluation and Measurement(s)	Person /Area responsible(s)	Comment(s) (Maximum 500 characters)
A2.1 Obtain MUA/MUP designation for census tracts within target service area without a designation by (DATE). A2.2 Identify areas with current MUA/MUP designations in targeted service area by (DATE). A2.3 Secure consultant to assist with designations.	1. Identify tracts that qualify for MUA/MUP in targeted service area. 2. Apply for MUA/MUP designation and secure list of census tracts that already have MUA/MUP designation in targeted service area.	1. Implement process for MUA/MUP designation for undesignated census tracts in service area. 2. Census tracts within targeted service area have MUA/MUP designations.	1. Number of successfully Identified census tracts with or without MUA/MUP designation for targeted service area. 2. Number of census tracts that successfully received MUA/MUP designation.	1. Needs Assessment subcommittee of Planning Grant Staff. 2. CEO 3. Consultant	

Section B – Service Delivery

Goal B1: Developing and appropriate service delivery model based on the comprehensive needs assessment

Objective(s)	Key Action Step(s)	Expected Outcome(s)	Data evaluation and Measurement(s)	Person /Area responsible(s)	Comment(s) (Maximum 500 characters)
B1.1 Develop a service delivery model that is appropriate relative to the results of the comprehensive needs assessment by (DATE). B.1.2 Identify medical staffing needs by (DATE).	1. Assess current capacity and willingness of local health care providers to provide services and possible collaborations. 2. Based upon needs assessment, working projections, current inventory of providers & experience, identify optimal clinical & support staff.	1. Written documentation of current community model, capacity and resources potentially available to the target population. 2. Identified essential clinical and support staff.	1. Finalized document describing evaluation of service delivery models submitted to the Board of Directors. 2. A model and guide for developing specific recruitment and retention activities for the satellite.	1. CEO 2. CMO 3. Human Resource Staff 4. Consultant	

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Goal B2: If special populations (e.g., migrant/seasonal agricultural workers, residents of public housing, homeless persons, low-income school **children**) are included in the target population, specifying activities related to the identification of the unique access problems and health care needs of these populations.

Objective(s)	Key Action Step(s)	Expected Outcome(s)	Data evaluation and Measurement(s)	Person /Area responsible(s)	Comment(s) (Maximum 500 characters)
B2.1. Recruit staff that specialize in providing health services for MSFW populations by (DATE).	1. Identify specific focus areas for recruiting staff to work with MSFW population.	1. Recruitment of staff with expertise in serving the MSFW population.	1. Recruitment of staff persons with expertise in serving the MSFW population.	1. CEO 2. CMO 3. CFO	

Goal B3: Facility planning and location selection.

Objective(s)	Key Action Step(s)	Expected Outcome(s)	Data evaluation and Measurement(s)	Person /Area responsible(s)	Comment(s) (Maximum 500 characters)
B3.1 Identify potential sites that will meet the health care needs of the target population by (DATE).	1. Based upon the needs assessment and the current inventory of providers identify the optimal location, facility configuration and related square footage, exam rooms, etc.	1. Identify ideal locations (based upon travel patterns and population concentrations, etc.).	1. Number of locations identified for possible location of health center.	1. CEO 2. CMO 3. CFO	

Section C - Securing Financial, Professional and Technical Assistance

Goal C1: Recruiting and retaining key management and other qualified staff.

Objective(s)	Key Action Step(s)	Expected Outcome(s)	Data evaluation and Measurement(s)	Person /Area responsible(s)	Comment(s) (Maximum 500 characters)
C1.1 Identify staffing needs for future health center by (DATE).	1. Identify strategy for recruiting management staff. 2. Recruit management staff.	1. Hired Management staff for future health center.	1. Number of filled positions for key management staff.	1. CEO 2. Human Resource Staff 3. Board of Directors	

Goal C2: Providing technical assistance and acquiring consultant activities as appropriate.

Objective(s)	Key Action Step(s)	Expected Outcome(s)	Data evaluation and Measurement(s)	Person /Area responsible(s)	Comment(s) (Maximum 500 characters)
C2.1 Hire consultant to provide training for staff on Section 330 requirements by (DATE). C2.2 Train staff on section 330 requirements by (DATE)	1. Identify consultants that provide section 330 training for community health centers. 2. Establish contract with identified consultant. 3. Train staff on section 330 compliance for community health centers.	1. Key staff is adequately trained to comply with Section 330 requirements.	1. Successful hiring of consultant. 2. Completion rate of staff participation documented in training log.	1. CMO 2. Human Resources staff 3. Consultant	

Goal C3: Financial, management, and administrative considerations to the organization related to future operation of the health

Objective(s)	Key Action Step(s)	Expected Outcome(s)	Data evaluation and Measurement(s)	Person /Area responsible(s)	Comment(s) (Maximum 500 characters)
C3.1 Pursue funding opportunities from federal, state, local resources to support service delivery plan by (DATE).	1. Identify available state and local funding resources for future health center. 2. Apply for available funding.	1. Identified potential funding resources for future health center. 2. Funding for the establishment and long-term operation of future health center.	1. Number of identified funding opportunities available for the establishment and operation of future health center. 2. Number of funding proposals submitted.	1. CEO 2. Development Director	

Goal C4: Developing plans for attaining and maintaining long-term viability (i.e., future requirements for space, securing other financial support).

Objective(s)	Key Action Step(s)	Expected Outcome(s)	Data evaluation and Measurement(s)	Person /Area responsible(s)	Comment(s) (Maximum 500 characters)
C4.1 Identify projected patient growth over next 5 years by (DATE). C.4.2. Develop patient payor mix calculations based on needs assessment.	1. Based on needs assessment, calculate projected patient growth for targeted service area.	1. Identify facility, staff, and financial resources needed to provide health services for the target population over next 4 years.	1. Rate of projected patient growth and identified financial needs for the first 4 years of operation.	1. CMO 2. CFO	

Section D - Developing Community Involvement/Participation

Goal D1: Developing linkages/building partnerships with other providers in the community including any federally qualified health centers, health departments, local hospitals, and rural health clinics.

Objective(s)	Key Action Step(s)	Expected Outcome(s)	Data evaluation and Measurement(s)	Person /Area responsible(s)	Comment(s) (Maximum 500 characters)
D1.1 Develop linkages/building partnerships with at least 3 other providers in the target area based on the needs assessment by (DATE).	1. Identify local providers in service area. 2. Schedule meetings with local providers to gain input on planning activities for future health center.	1. Establish local provider support for future health center. 2. Establish linkages with other area providers.	1. Number of local providers that are in support of the future health center.	1. CEO 2. Board of Directors	

Goal D2: Developing a Governing Board that aligns with section 330 statutory and regulatory requirements.

Objective(s)	Key Action Step(s)	Expected Outcome(s)	Data evaluation and Measurement(s)	Person /Area responsible(s)	Comment(s) (Maximum 500 characters)
D2.1 Recruit representatives who live and work in targeted service area to serve on Governing Board for future health center by (DATE).	1. Develop strategy to recruit for governing board membership. 2. Identify potential candidates (focus groups, interviews, interested parties). 3. Invite candidates to join governance board.	1. Established Governance Board for future health center.	1. Number of Governance Board candidates that have agreed to serve on the Board.	1. Planning Committee 2. Community Outreach staff	

Goal D3: Developing community support.

Objective(s)	Key Action Step(s)	Expected Outcome(s)	Data evaluation and Measurement(s)	Person /Area responsible(s)	Comment(s) (Maximum 500 characters)
D3.1 Attend at least 4 community events and administer 100 surveys to assess community support for establishment of future health center by (DATE).	1. Identify community events to attend. 2. Develop and test survey instrument. 3. Identify survey participation	1. Assessment of community support for establishment of future health center.	1. The number of events attended to gain support. 2. Percent of survey participants in support of future health center.	1. Planning Committee 2. Community Outreach Staff 3. Board of	

| | strategy. 4. Administer 100 surveys at 4 or more community events. | | | Directors 4. CEO | |

Section E - Establishing Collaborative Working Relationships With Other Area

Goal E1: Developing linkages/building partnerships with other providers in the community including any federally qualified health centers, **health departments, local hospitals, and rural health clinics.**

Objective(s)	Key Action Step(s)	Expected Outcome(s)	Data evaluation and Measurement(s)	Person /Area responsible(s)	Comment(s) (Maximum 500 characters)
E1.1 1. Obtain at least 5 letters of support from health care providers in the service area for the establishment of future health center by (DATE).	1. Identify local health providers to target for letters of support. 2. Meet with Executive Officers to discuss collaboration and request letters of support.	1. Identify potential partners. 2. Obtain letters of support for the establishment of future health center.	1. Number of secured letters of support.	1.CEO 2. CMO 3. Community Outreach staff	